

2014 WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(30th Men's and 21st Women's)

Copenhagen, DENMARK

30th August – 6th September 2014

(OFFICIAL ENTRY FORM)

All competitors must complete and submit pages 2, 3, and 4.

National Masters Chairmen must submit a Summary of Entry Fees (page 5) with all entries. Where a nation has only one or few entries the summary must still be submitted.



2014 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(30th Men's and 21st Women's Championships)

REGISTERED for IWF MASTERS DRUG TESTING
Copenhagen, Denmark, 30th August – 6th September 2014



| | |
|--------------------------------|--|
| Return entry forms to - | IWF MASTERS SECRETARIAT |
| | Dionissiou Solomou 59 |
| | 2231 Latsia |
| | CYPRUS |
| Email - | worldmasterswsecretariat@gmail.com |
| Telephone - | + 357 97 710022 |

| | | |
|---------------------|--|----------------|
| Entry Fees - | Competition (non-returnable) | €101 |
| | Team Entry (men and women) (Pay at Technical Conference) | €30 |
| | Closing Banquet – pay at venue | € Euros |
| Venue - | “Sundbyøsterhallen”, Amagerbrogade 189, 2300 Copenhagen S | |

CLOSING DATE FOR ENTRIES: Letters postmarked no later than June 15th, 2014
All forms must be mailed collectively from one source, e.g. your National Masters Chairman

NO LATE ENTRIES OR INCOMPLETE ENTRIES ACCEPTED.

Please enter me in the _____ kilogram class, age group _____ of the IWF World Masters Weightlifting Championships to be held on **30th Aug to 6th Sept. 2014 – Copenhagen, Denmark**. I hereby accept and acknowledge that all of the rules and regulations of the present competition are solely governed by the applicable rules and regulations of the IWF, IWF Masters, and WADA. I certify that I am an amateur in good standing. In consideration of my entry in the competition, I do hereby waive, and release the 2014 World Masters Weightlifting Championship Organiser (hereafter referred to as the "Organiser"), IWF Masters, their directors, and associated personnel from any and all causes of action, loss, liability, claims, and demands of every kind and nature which I or my heirs or personal representatives may have for bodily injury and expenses of medical treatment.

I agree to be filmed and photographed under conditions approved and authorized by the Organiser and IWF Masters to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my weightlifting performances, and grant to the Organiser and the IWF Masters the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the weightlifting team on which I compete, to promote the image of the Organiser and the IWF Masters, their sponsors and advertisers, and the sport of amateur weightlifting, and to fund the activities of the Organiser and IWF Masters.

I understand all responsibilities for any problems, injuries, etc., arising from my health condition while participating in the IWF Masters Weightlifting Championships. I agree that the Organiser, IWF Masters and their agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization, or other medical care in the event of my illness or accidental injury in connection with my participation in the competition should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization, or other care.

I authorize the Organiser, IWF Masters, their agents and competition personnel to make decisions for me as though they stood in a relationship to me of parent, guardian, or next of kin should circumstances require the Organizer, IWF Masters, their agents and competition personnel to make judgments if my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments. I hereby release and agree not to hold the Organiser, IWF Masters, their agents and competition personnel responsible for all expenses, causes of action, liability, claims, and demands arising from good faith judgments made by the Organiser, IWF Masters, their agents and competition personnel concerning my treatment, hospitalization, and medical care in the event of my illness, injury, and other emergency circumstances in connection with the competition.

I agree that I will be financially responsible for treatment and other medical care rendered me in the event of my illness, injury, or other emergent circumstances in connection with the competition, except to the extent of my injuries, and medical expenses, if any, are covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies, maintained by the Organizer for my benefit, in which event I will nevertheless continue to be financially responsible for expenses of treatment, hospitalization, and other medical care in excess of such policies' limits.

Further, I declare that I agree to the contents of the IWF MASTERS RULEBOOK – **Anti Doping Rules**

All lifters must sign on the entry forms a statement that the IWF MASTERS has the authority and the right to test for banned substances **at any time during the days of the championship**, in our out of competition.

The IWF MASTERS recognises the right of any member country to conduct tests on any lifter selected for a drug test at any IWF MASTERS organised event or at any other time.

THE IWF MASTERS DRUG POLICY WILL BE STRICTLY ENFORCED.

I (the undersigned) accept all such conditions -

Name (print): _____ **Signature:** _____ **Date:** _____



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I agree to be bound by the Masters rules and declare that I am physically fit to undertake the sport of weightlifting and have no knowledge of any medical condition which will make weightlifting contra-indicated to my well-being. I understand that Travel insurance with health and accident cover is mandatory.

COMPETITOR'S PERSONAL DETAILS (please print clearly):

NAME: First (print)

Last (print)

Signature:

Nation (country by passport):

ADDRESS: Line 1 :

Line 2 :

Line 3 :

Date of Birth – format DD/MM/YYYY

/ /

Age at 31st Dec. 2014:

Age Group:

Body Weight Category:

Gender (M or W):

Best Total between 11th August 2013 and 1st June 2014 (kg) :

Qualifying total for my age group and body weight category (kg) :

Email address:

Please indicate if you are a referee (delete as applicable) – IWF CAT I / IWF CAT II / National

How long have you held your current status?

Years -

Months -

The above competitor's details are authorised by me as National Masters Chairman and/or on behalf of the National Federation -

Print Name: _____ Signature: _____

Email: _____



PLEASE PROVIDE ONE OF THE FOLLOWING :-

Passport number _____

Country _____

Driver's license _____

Province/state/country of issue _____

| | | |
|--|--|---|
|  | 2014 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP (30th Men's and 21st Women's Championships) REGISTERED for IWF MASTERS DRUG TESTING Copenhagen, Denmark, 30th August – 6th September 2014 |  |
|--|--|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|-------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|--------------------------------|--------------------------------|---------------------------------|----------------------------------|--|
| GENDER, AGE GROUP AND WEIGHT CATEGORIES: Tick both age and weight division in which you will compete | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE | <table style="width: 100%;"> <tr> <td style="width: 15%;">Age Groups</td> <td><input type="checkbox"/> M35 (35-39)</td> <td><input type="checkbox"/> M40 (40-44)</td> <td><input type="checkbox"/> M45 (45-49)</td> <td><input type="checkbox"/> M50 (50-54)</td> <td><input type="checkbox"/> M55 (55-59)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> M60 (60-64)</td> <td><input type="checkbox"/> M65 (65-69)</td> <td><input type="checkbox"/> M70 (70-74)</td> <td><input type="checkbox"/> M75 (75-79)</td> <td><input type="checkbox"/> M80 (80+)</td> </tr> <tr> <td>B/W Cat's.</td> <td><input type="checkbox"/> 56 Kg</td> <td><input type="checkbox"/> 62 Kg</td> <td><input type="checkbox"/> 69 Kg</td> <td><input type="checkbox"/> 75 Kg</td> <td><input type="checkbox"/> 85 Kg</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 85 Kg</td> <td><input type="checkbox"/> 94 Kg</td> <td><input type="checkbox"/> 105 Kg</td> <td><input type="checkbox"/> 105+ Kg</td> <td></td> </tr> </table> | Age Groups | <input type="checkbox"/> M35 (35-39) | <input type="checkbox"/> M40 (40-44) | <input type="checkbox"/> M45 (45-49) | <input type="checkbox"/> M50 (50-54) | <input type="checkbox"/> M55 (55-59) | | <input type="checkbox"/> M60 (60-64) | <input type="checkbox"/> M65 (65-69) | <input type="checkbox"/> M70 (70-74) | <input type="checkbox"/> M75 (75-79) | <input type="checkbox"/> M80 (80+) | B/W Cat's. | <input type="checkbox"/> 56 Kg | <input type="checkbox"/> 62 Kg | <input type="checkbox"/> 69 Kg | <input type="checkbox"/> 75 Kg | <input type="checkbox"/> 85 Kg | | <input type="checkbox"/> 85 Kg | <input type="checkbox"/> 94 Kg | <input type="checkbox"/> 105 Kg | <input type="checkbox"/> 105+ Kg | |
| Age Groups | <input type="checkbox"/> M35 (35-39) | <input type="checkbox"/> M40 (40-44) | <input type="checkbox"/> M45 (45-49) | <input type="checkbox"/> M50 (50-54) | <input type="checkbox"/> M55 (55-59) | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> M60 (60-64) | <input type="checkbox"/> M65 (65-69) | <input type="checkbox"/> M70 (70-74) | <input type="checkbox"/> M75 (75-79) | <input type="checkbox"/> M80 (80+) | | | | | | | | | | | | | | | | | | | | |
| B/W Cat's. | <input type="checkbox"/> 56 Kg | <input type="checkbox"/> 62 Kg | <input type="checkbox"/> 69 Kg | <input type="checkbox"/> 75 Kg | <input type="checkbox"/> 85 Kg | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 85 Kg | <input type="checkbox"/> 94 Kg | <input type="checkbox"/> 105 Kg | <input type="checkbox"/> 105+ Kg | | | | | | | | | | | | | | | | | | | | | |
| FEMALE | <table style="width: 100%;"> <tr> <td style="width: 15%;">Age Groups</td> <td><input type="checkbox"/> W35 (35-39)</td> <td><input type="checkbox"/> W40 (40-44)</td> <td><input type="checkbox"/> W45 (45-49)</td> <td><input type="checkbox"/> W50 (50-54)</td> <td><input type="checkbox"/> W55 (55-59)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> W60 (60-64)</td> <td><input type="checkbox"/> W65 (65-69)</td> <td><input type="checkbox"/> W70 (70-74)</td> <td><input type="checkbox"/> W75 (75+)</td> <td></td> </tr> <tr> <td>B/W Cat's.</td> <td><input type="checkbox"/> 48 Kg</td> <td><input type="checkbox"/> 53 Kg</td> <td><input type="checkbox"/> 58 Kg</td> <td><input type="checkbox"/> 63 Kg</td> <td><input type="checkbox"/> 69 Kg</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 69 Kg</td> <td><input type="checkbox"/> 75 Kg</td> <td><input type="checkbox"/> 75+ Kg</td> <td></td> <td></td> </tr> </table> | Age Groups | <input type="checkbox"/> W35 (35-39) | <input type="checkbox"/> W40 (40-44) | <input type="checkbox"/> W45 (45-49) | <input type="checkbox"/> W50 (50-54) | <input type="checkbox"/> W55 (55-59) | | <input type="checkbox"/> W60 (60-64) | <input type="checkbox"/> W65 (65-69) | <input type="checkbox"/> W70 (70-74) | <input type="checkbox"/> W75 (75+) | | B/W Cat's. | <input type="checkbox"/> 48 Kg | <input type="checkbox"/> 53 Kg | <input type="checkbox"/> 58 Kg | <input type="checkbox"/> 63 Kg | <input type="checkbox"/> 69 Kg | | <input type="checkbox"/> 69 Kg | <input type="checkbox"/> 75 Kg | <input type="checkbox"/> 75+ Kg | | |
| Age Groups | <input type="checkbox"/> W35 (35-39) | <input type="checkbox"/> W40 (40-44) | <input type="checkbox"/> W45 (45-49) | <input type="checkbox"/> W50 (50-54) | <input type="checkbox"/> W55 (55-59) | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> W60 (60-64) | <input type="checkbox"/> W65 (65-69) | <input type="checkbox"/> W70 (70-74) | <input type="checkbox"/> W75 (75+) | | | | | | | | | | | | | | | | | | | | | |
| B/W Cat's. | <input type="checkbox"/> 48 Kg | <input type="checkbox"/> 53 Kg | <input type="checkbox"/> 58 Kg | <input type="checkbox"/> 63 Kg | <input type="checkbox"/> 69 Kg | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 69 Kg | <input type="checkbox"/> 75 Kg | <input type="checkbox"/> 75+ Kg | | | | | | | | | | | | | | | | | | | | | | |
| ACTUAL SCHEDULE TO BE ANNOUNCED WHEN APPLICATIONS HAVE BEEN PROCESSED. | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|------------------------------|--|
| RULES: | Current IWF-MASTERS, IWF, and WADA Rules will govern the competition |
| ORGANISER: | IWF-World Masters Weightlifting Committee. |
| CHAMPIONSHIP MANAGER: | Organizing Committee – <i>The Danish Weightlifting Federation</i> |
| WEB: | http://wmdenmark2014.wordpress.com |
| VENUE: | “Sundbyøsterhallen”, Amagerbrogade 189, 2300 Copenhagen S |
| SANCTION: | IWF-WORLD MASTERS WEIGHTLIFTING COMMITTEE |
| EXPENSES: | Athletes bear the full cost of transportation, meals, and lodging. See attachments for an explanation of costs |
| QUOTA SYSTEM: | None. |
| ACCOMMODATION: | All required accommodation can be booked now by visiting the official website. Good discounts available for early bookings. |
| VISAS: | Help with visa applications and Letters of Invitation must be through the Championship Organising Committee (not the IWF Masters Committee) |

MALE and **Female** athletes must be a minimum of **35 years** of age on any date in a championship year. Qualifying Standards of Sinclair-Malone-Meltzer points for these Championships have been established by IWF-WORLD MASTERS COMMITTEE. Only those athletes who have met the qualifying totals will be permitted to compete. For more information in this connection, please see the attached supplement "Qualifying Standards".
Note: an athlete cannot post a qualifying total while on anti-doping suspension



**Summary of entry fees, Copenhagen, Denmark (30th Aug. – 6th Sept. 2014)
for athletes, officials, and other guests.**

(Make extra copies if required and make all payments in € Euros)

| No. | NAMES | Entry Fees € Euros | Affiliation Fee € (IWF Masters) | Total € Euros |
|--|-------|-----------------------|---------------------------------------|------------------|
| 1 | | 100 | 1 | 101 |
| 2 | | 100 | 1 | 101 |
| 3 | | 100 | 1 | 101 |
| 4 | | 100 | 1 | 101 |
| 5 | | 100 | 1 | 101 |
| 6 | | 100 | 1 | 101 |
| 7 | | 100 | 1 | 101 |
| 8 | | 100 | 1 | 101 |
| 9 | | 100 | 1 | 101 |
| 10 | | 100 | 1 | 101 |
| 11 | | 100 | 1 | 101 |
| 12 | | 100 | 1 | 101 |
| 13 | | 100 | 1 | 101 |
| 14 | | 100 | 1 | 101 |
| 15 | | 100 | 1 | 101 |
| 16 | | 100 | 1 | 101 |
| 17 | | 100 | 1 | 101 |
| 18 | | 100 | 1 | 101 |
| 19 | | 100 | 1 | 101 |
| 20 | | 100 | 1 | 101 |
| (National affiliation fee of €1 is now payable by the lifter as part of the entry fee) | | | | |
| TOTALS | | | | |

| | |
|----------------------------------|---------------------------------------|
| Country | |
| National Masters Chairman | print name signature |
| Full Postal Address | |
| Phone# _____ | Fax # _____ Email _____ |

| | |
|--|--|
| METHOD OF PAYMENT (only in € Euros): | |
| Bank transfer or E-banking to: | |
| Names on Account | Denise Offermann, Michel Vereecke, Jozef Lazou |
| Name of Account | IWF Masters Weightlifting Committee |
| Bank Name | KBC Bank |
| Bank Address | Stationsstraat 60, 8790 Waregen, Belgium |
| BIC | KREDBEBB |
| IBAN No. | BE95 7380 3953 1158 |
| Please include the name or the Nation of the sender. *** VERY IMPORTANT *** | |
| It is very important to inform your “sending bank” that all transfer fees and banking fees must be paid by you and no extra charges will fall due to the Organiser. | |



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OFFICIAL TEAM REGISTRATION (for NATIONAL CHAIRMEN ONLY)

Please enter the following team (Men's or Women's) in this IWF-Masters championship. The payment of the entry fee for this event is €30 and can be paid at accreditation or at the Technical Meeting.

All athletes must have registered officially for this event.

The men's teams consist of 8 lifters and the women's team 7 lifters.

Each nation is only allowed 2 team members competing in the same age group and body weight category.

NATION _____ **Date:** _____

NATIONAL CHAIRMAN / COACH _____

Signature _____

| | NAME | B/Wght. | AGE | TOTAL |
|----|------|---------|-----|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

Reserves:-

| | | | | |
|---|--|--|--|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |



**2014 IWF-WORLD MASTERS WEIGHTLIFTING
CHAMPIONSHIP**
Copenhagen, Denmark, 30th August – 6th September 2014



QUALIFYING STANDARDS

Qualifying Standards for MEN:

| Age Group | M35 | M40 | M45 | M50 | M55 | M60 | M65 | M70 | M75 | M80 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| Category | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| 56 kg | 155 | 147 | 140 | 130 | 115 | 105 | 92 | 75 | 67 | 55 |
| 62 kg | 172 | 162 | 155 | 142 | 127 | 117 | 102 | 82 | 75 | 55 |
| 69 kg | 187 | 177 | 170 | 157 | 140 | 127 | 112 | 90 | 82 | 60 |
| 77 kg | 202 | 192 | 185 | 170 | 152 | 137 | 120 | 97 | 87 | 65 |
| 85 kg | 215 | 205 | 195 | 180 | 162 | 147 | 127 | 102 | 95 | 70 |
| 94 kg | 227 | 215 | 205 | 190 | 170 | 155 | 135 | 107 | 97 | 72 |
| 105 kg | 237 | 225 | 212 | 197 | 177 | 160 | 140 | 112 | 102 | 77 |
| +105 kg | 245 | 232 | 222 | 205 | 182 | 167 | 145 | 117 | 107 | 80 |

Table of lowest start weights – according to the 15/10 kg rule

| Age Group | M35 | M40 | M45 | M50 | M55 | M60 | M65 | M70 | M75 | M80 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| Category | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| 56 kg | 140 | 132 | 125 | 115 | 100 | 90 | 77 | 60 | 55 | 55 |
| 62 kg | 157 | 147 | 140 | 127 | 112 | 102 | 87 | 67 | 60 | 55 |
| 69 kg | 172 | 162 | 155 | 142 | 125 | 112 | 97 | 75 | 67 | 55 |
| 77 kg | 187 | 177 | 170 | 155 | 137 | 122 | 105 | 82 | 72 | 55 |
| 85 kg | 200 | 190 | 180 | 165 | 147 | 132 | 112 | 87 | 80 | 55 |
| 94 kg | 212 | 200 | 190 | 175 | 155 | 140 | 120 | 92 | 82 | 57 |
| 105 kg | 222 | 210 | 197 | 182 | 162 | 145 | 125 | 97 | 87 | 62 |
| +105 kg | 230 | 217 | 207 | 190 | 167 | 152 | 130 | 112 | 92 | 65 |



Qualifying Standards for WOMEN:

| Age Group | W35 | W40 | W45 | W50 | W55 | W60 | W65 | W70 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-----|
| Category | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| 48 kg | 82 | 80 | 72 | 67 | 60 | 55 | 50 | 46 |
| 53 kg | 90 | 85 | 77 | 72 | 65 | 57 | 52 | 48 |
| 58 kg | 95 | 90 | 82 | 75 | 67 | 62 | 55 | 50 |
| 63 kg | 100 | 95 | 85 | 77 | 70 | 65 | 57 | 53 |
| 69 kg | 102 | 97 | 90 | 82 | 75 | 67 | 60 | 56 |
| 75 kg | 107 | 100 | 92 | 85 | 77 | 70 | 62 | 58 |
| +75 kg | 112 | 105 | 97 | 90 | 82 | 72 | 65 | 61 |

Table of lowest start weights – according to the 15/10 kg rule

| Age Group | W35 | W40 | W45 | W50 | W55 | W60 | W65 | W70 |
|-----------|-------|-------|-------|-------|-------|-------|-------|-----|
| Category | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| 48 kg | 72 | 70 | 62 | 57 | 50 | 45 | 45 | 45 |
| 53 kg | 80 | 75 | 67 | 62 | 55 | 47 | 45 | 45 |
| 58 kg | 85 | 80 | 72 | 65 | 57 | 52 | 45 | 45 |
| 63 kg | 90 | 85 | 75 | 67 | 60 | 55 | 47 | 45 |
| 69 kg | 92 | 87 | 80 | 72 | 65 | 57 | 50 | 45 |
| 75 kg | 97 | 90 | 82 | 75 | 67 | 60 | 52 | 45 |
| +75 kg | 102 | 95 | 87 | 80 | 72 | 62 | 55 | 45 |

**TABLE OF AGE GROUPS AND CORRESPONDING YEARS OF BIRTH
(Men and Women)**

| Age Range | Year of Birth | Age Group | Age Range | Year of Birth | Age Group |
|-----------|---------------|-----------|-----------|---------------|-----------|
| 35-39 | 1975-79 | M&W35 | 65-69 | 1945-49 | M&W65 |
| 40-44 | 1970-74 | M&W40 | 70-74 | 1940-44 | M&W70 |
| 45-49 | 1965-69 | M&W45 | 75-79 | 1935-39 | M&W75 |
| 50-54 | 1960-64 | M&W50 | 80+ | pre 1935 | M80 |
| 55-59 | 1955-59 | M&W55 | | | |
| 60-64 | 1950-54 | M&W60 | | | |





THERAPEUTIC/INADVERTENT USAGE OF BANNED SUBSTANCES

Participants subjected to drug testing who give an adverse analytical finding for the use of a banned substance or substances, and who have a medical certificate issued to them by a qualified medical practitioner may:

1. Refer the medical certificate to the appointed Anti-Doping Commission hearing.
2. Provide additional verifying facts and information that may support the particulars in the medical certificate and substantiate the use of such banned substance or substances by the participant for therapeutic and/or medical purposes only.

The IWF Masters Anti-Doping Sub Committee expect all participants selected for drug testing who are using therapeutic medicine to submit an IWF Masters TUE Form (see form attached) and a medical certificate from their doctor to the Doping Control Officer at the time of the test.

The IWF Masters Anti-Doping Sub Committee may at its discretion seek the advice and assistance of the appointed qualified medical practitioner to enable a decision to be reached in the hearing. Where therapeutic/inadvertent use of a banned substance or substances is proven, the IWF Masters Anti-Doping Commission may:

1. take no further action,
2. provide counseling and take no additional action, or
3. impose a suitable sanction.

Note: The refusal by a participant to provide a sample will make any medical certificate inadmissible.

EDUCATION:

The IWF Masters will promote the education of Masters participants with regard to drugs in Sports. In particular, the IWF Masters will affirm that no one should cease taking prescribed medication to compete in any IWF Masters sanctioned event unless their personal physician recommends they cease the medication.



IWF-Masters Anti-Doping Committee

Therapeutic Use Exemptions

TUE - 2014

Appendix 1

Please complete all sections, both sides, in capital letters or typing

1. ATHLETE INFORMATION:

Surname (Family Name):

.....

Given Names:

.....

Date of Birth (d/m/y):

.....

Female

Male

Street Address:

.....

City:

.....

State/Province:

.....

Country:

.....

Postal-code:

.....

Telephone: (country code)

.....

E-mail:

.....@.....

National Sport Organization: Name, Address, & e-mail:

.....

.....

2. MEDICAL INFORMATION:

Diagnosis with sufficient medical information (see Note: next section):

.....

.....

.....

.....

If there are any "permitted medication/s" that are indicated, or being used, in the treatment of this type of medical condition, provide clinical justification for the requested use of the "prohibited" medication.

.....

.....

.....

NOTE: Diagnosis

Evidence confirming the diagnosis **must be attached and forwarded with this application**. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.

3. MEDICATION DETAILS: Generic Name -- mandatory

| Prohibited substance(s) | Dose | Route | Frequency |
|-------------------------|------|-------|-----------|
| | | | |
| | | | |
| | | | |

| | |
|--|---|
| Intended duration of treatment: <i>(Please tick appropriate box)</i> | Once only <input type="checkbox"/> Emergency <input type="checkbox"/> Ongoing Duration <input type="checkbox"/> <i>state length:</i> <i>(week/s—month/s):</i> <i>start date:</i> |
|--|---|

| |
|--|
| <p>Have you previously submitted any TUE applications?: yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>Which substance(s)?</p> <p>.....To whom?.....When?.....Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p> <p>.....To whom?.....When?.....Approved <input type="checkbox"/> Not approved <input type="checkbox"/></p> |
|--|

4. MEDICAL PRACTITIONER'S DECLARATION: (Please attach page from prescription pad)

I certify that the above-mentioned treatment is medically appropriate/necessary and that the use of alternative medication, that is not on the prohibited list, would be unsatisfactory for this condition.

Name:

Medical Specialty: **DEGREE**

Address:

Tel.: (country code) _____ **Fax:**

E-mail:

Signature of Medical Practitioner: **Date:**

5. ATHLETE'S DECLARATION:

I, certify that the information under section "1." is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the IWF and its representative Anti-Doping Organization/s (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO's under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO/s in writing of that fact.

Athlete's signature: **Date:**

Incomplete Applications will be returned and will need to be totally resubmitted.
Please submit the completed form to the applicable ADO and keep a copy for your records.



Medical Information

Since the 2004 World Championships in Baden, Austria, the IWF Masters has encouraged athletes to share their medical information with our medical team. In the past it has been included with the registration packet. This form was developed purely to assist the medical personnel in the event of an injury, sickness or emergency of an athlete, official, or coach. It must be completed in **ENGLISH** but it can be filled out by the athlete, athlete's representative, or physician.

This questionnaire is **strictly confidential** and will be used by the IWF Masters medical team in case of injury/illness during the competition. This form will NOT be used to qualify or disqualify a lifter in terms of their health status or be used by anti-doping. All lifters are recommended to see their own personal physician to address their health status prior to engaging in a world competition.

This form will be destroyed at the end of the competition!

The athlete **MUST** do either

- 1) **OPTION 1:** Fill out the attached Medical Information Form (MIF) (*preferred*) **OR**
- 2) **OPTION 2:** Sign the waiver in the MIF refusing to share their medical information with the competition's medical provider.

One of the two options **MUST** (*mandatory*) be returned along with the athlete's registration to their country's national chairman.

The National Masters Chairman may do one of two things with the forms he/she has collected from all competitors.

- 1) Mail the documents (both MIF and declinations) with the registration forms to the meet organizer, who will then turn them over the meet Medical Director on the first day of the competition.
- 2) Carry all their country's MIF's and declinations to the competition and personally deliver them to the Medical Director on the first day of the competition.

No registration will be accepted unless one of the two options has been completed!

Country: _____

2014 IWF Masters
Medical Information Form

fill out in English
May be filled out by Lifter, Lifter's representative or Physician

Name: _____ Date of Birth: _____ Age: (in Sept 2010) _____ years
Last name First Name Month/Day/Year

Home Address: _____
Street City State/Province Country

Telephone number: _____ Date of Last Exam by Physician: _____

What languages do you speak? : _____

OPTION 1

CURRENT MEDICATIONS: (list with current dosage):

1) _____ 3) _____ 5) _____
2) _____ 4) _____ 6) _____

ALLERGIES: _____

PAST SURGERY: (year & types of all surgeries)

1) _____ 3) _____ 5) _____
2) _____ 4) _____ 6) _____

PAST & CURRENT MEDICAL PROBLEMS: (list year occurred)

1) _____ 3) _____ 5) _____
2) _____ 4) _____ 6) _____

Please answer the following questions:

1) **Do you smoke Tobacco?** Yes No (*circle one*)

If yes: A) How many years have you smoked? _____ years
B) How many cigars/cigarettes/pipes do you smoke a day? _____ /day

2) **Do you have Diabetes (high blood sugar) ?** Yes No (*circle one*)

If yes: A) What year were you diagnosed?
B) How is it controlled? (*circle all that apply*)
Diet Oral Medication Sub-coetaneous Insulin Insulin pump Not controlled

3) **Do you have Heart trouble?** Yes No (*circle one*)

If yes: A) Have you had a heart attack (myocardial infarction)? Yes No (*circle one*)
If yes: Date _____ Did you have surgery? Yes No (*circle one*)

4) **Have you ever had a stroke (cerebral vascular accident)?** Yes No (*circle one*)

If yes: A) Date of Stroke: _____ Any persisting symptoms? _____

5) **Have you ever dislocated your shoulder or elbow?** Yes No (*circle one*)

If yes: A) Year(s) that dislocations occurred? _____
B) Did you have surgery? Yes No (*circle one*)

Please sign stating the above information is correct to the best of your knowledge.

Name of person filling out this form: _____

OPTION 2: Refuse to Submit Medical Information form

I decline filling out the medical information form and realize that by choosing not to share my health information it may impair my potential treatment by medical personnel if injured or ill at the competition.

Signature of athlete: _____ date _____