

2010 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIPS

>>>USA only<<<

(26th Men's and 17th Women's Championships)

REGISTERED for IWF MASTERS DRUG TESTING

Ciechanow, Poland. Sept. 18th – 25th. 2010

RETURN ENTRY TO: Howard Cohen
130 Brandywine Road
Savannah, GA 31405
USA

Phone: 912-354-8072
E-mail: hcigar@juno.com

ENTRY FEES: **Competition (non-returnable) \$ 175.00**
 Banquet Fee (non-returnable) \$ 45.00

CLOSING DATE FOR ENTRIES: Letters postmarked no later than June 1st, 2010
(No late entries accepted)

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 **Sept. 18th to 25th, 2010 at Ciechanow, Poland.** 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 2008 World Masters Weightlifting Championships Organizer (hereafter referred to as the "Organizer"), 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 Organizer 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 Organizer 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 Organizer and the IWF Masters, their sponsors and advertisers, and the sport of amateur weightlifting, and to fund the activities of the Organizer 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 Organizer, 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 Organizer, 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 Organizer, 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 Organizer, 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 2005-2008 IWF MASTERS RULEBOOK, (with special regard to article 7, by-law 15)

The IWF MASTERS AND DRUG ABUSE

Ali lifters must sign on the entry forms a statement that the IWF MASTERS has the authority and the right to test for banned substances.

The IWF MASTERS recognizes the right of any member country to conduct tests on any lifter selected for drug testing at any IWF MASTERS organized events or at any other time.

THE IWF MASTERS DRUG POLICY WILL BE STRICTLY ENFORCED.

I accept all such conditions :

Date _____ Name _____ Signature _____

2010 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIPS
(26th Men's and 17th Women's Championships)
REGISTERED for IWF MASTERS DRUG TESTING
Ciechanow, Poland. Sept. 18th – 25th. 2010

COMPETITOR'S PERSONAL DETAILS:

Nation (country. by passport) _____

Last Name (family name): _____

First Name (given name)(s): _____

Street Address _____

City/Town _____ Country _____ Postal code _____

Telephone (H) _____ (B) _____

Date of Birth Day ____ Month ____ Year ____ Age (at 31st December 2010) _____

Age Group ____ Body weight category _____ Male ____ Female _____

Best total between October 18th 2009 and June 1st 2010 _____ kg

Qualifying total for my age group and body weight category _____ kg

Referee Status - IWF CAT I () or IWF CAT II ()

Please note - Competitors can move up to a heavier bodyweight category if the qualifying total has been achieved for both categories.

Above competitor details authorized by:

National Masters Chairman _____ Signature _____

Stamp:

PLEASE PROVIDE ONE OF THE FOLLOWING :-

Passport number _____ Country _____

Identification card _____ Country _____

Driver's license _____

Province/state/country of issue _____

2010 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIPS
(26th Men's and 17th Women's Championships)
REGISTERED for IWF MASTERS DRUG TESTING
Ciechanow, Poland. Sept. 18th – 25th. 2010

- RULES:** Current IWF-MASTERS, IWF, and WADA Rules will govern the competition.
- ORGANIZER:** IWF-World Masters Weightlifting Committee.
- MEET DIRECTOR:** **Feliks Bińkowski** with the Organizing Committee.
- WEB:** www.polmasters.pl
- VENUE:** **Sports Hall, 8 Kraszewski Street, Ciechanow, Poland**
- SANCTION:** IWF-WORLD MASTERS WEIGHTLIFTING COMMITTEE
- EXPENSES:** Athletes bear the full cost of transportation, meals, and lodging.
See attachments for an explanation of costs.
- ELIGIBILITY:** Athletes must be members of their national federation and be nominated by their national federation as eligible to compete and meet the 2010 Qualifying Standards.
- QUOTA SYSTEM:** The IWF-World Masters Committee Quota System will be in effect.

MALE and **Female** athletes must be **35 years** of age (born **1975**) or older. 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 **from 18th.Oct. 2008 until June 1st, 2010** 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.

GENDER, AGE GROUP AND WEIGHT CATEGORIES: Check both age and weight division in which you will compete.

- | | | | | | |
|---------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| MALE | <input type="checkbox"/> 35-39 (1) | <input type="checkbox"/> 45-49 (3) | <input type="checkbox"/> 55-59 (5) | <input type="checkbox"/> 65-69 (7) | <input type="checkbox"/> 75-79 (9) |
| | <input type="checkbox"/> 40-44 (2) | <input type="checkbox"/> 50-54 (4) | <input type="checkbox"/> 60-64 (6) | <input type="checkbox"/> 70-74 (8) | <input type="checkbox"/> 80+ (10) |
| | <input type="checkbox"/> 56 Kg | <input type="checkbox"/> 69 Kg | <input type="checkbox"/> 85 Kg | <input type="checkbox"/> 105 Kg | |
| | <input type="checkbox"/> 62 Kg | <input type="checkbox"/> 77 Kg | <input type="checkbox"/> 94 Kg | <input type="checkbox"/> 105+ Kg | |
| FEMALE | <input type="checkbox"/> 35-39 (1) | <input type="checkbox"/> 45-49 (3) | <input type="checkbox"/> 55-59 (5) | <input type="checkbox"/> 65+ (7) | |
| | <input type="checkbox"/> 40-44 (2) | <input type="checkbox"/> 50-54 (4) | <input type="checkbox"/> 60-64 (6) | | |
| | <input type="checkbox"/> 48 Kg | <input type="checkbox"/> 58 Kg | <input type="checkbox"/> 69 Kg | <input type="checkbox"/> 75+ Kg | |
| | <input type="checkbox"/> 53 Kg | <input type="checkbox"/> 63 Kg | <input type="checkbox"/> 75 Kg | | |

ACTUAL SCHEDULE TO BE ANNOUNCED WHEN APPLICATIONS HAVE BEEN PROCESSED.

IMPORTANT INSTRUCTIONS (MUST BE COMPLIED WITH):

1. To National Masters Chairmen/Secretaries:

- 1) An Entry Form will be made available to each National Chairman or Secretary. It will include all the information necessary, such as official invitation, venue information, travel, Summary of Funds Form, and bank details for the electronic transfer of those funds.
- 2) It is the duty of the National Chairman or Secretary to copy and distribute Entry Forms to all competitors, delegates, and officials.
- 3) Quotas must be strictly observed.
- 4) It is the duty of the National Chairman or Secretary to receive all Entry Forms and Fees from the athletes in time to submit them before the Entry deadline date. All Entry Forms must be checked to make sure that they have been correctly completed (correct date of birth, bodyweight category, lifters total, and qualifying standard).
- 5) All completed Entry Forms and the Total Fees must be forwarded to the competition "Return Address" before the deadline date for the competition.
- 6) All funds for Banquet and Entry Fees must be received at the same time. All fees must be in the currency stated on the Entry Form. These fees are not refundable.
- 7) Please send all Entry Forms by Registered Mail or obtain Proof of Posting. Please try to ensure that your Postal Authorities date stamp your mailing, if this is possible.

2. To Competitors, Delegates, and Officials:

- 1) Complete your Entry Form. Leave nothing blank.
- 2) Be sure to return this Entry Form to your National Chairman or Secretary well before the deadline for entries so that you can be included in the competition.
- 3) Do not return this Entry Form to the Championships Organizers yourself. (If you do, you may not be allowed to compete). Your Entry Form and Fees must be submitted by your National Masters Association.
- 4) You must submit your Entry Fee and Banquet Fee (if applicable) with your Entry Form.
- 5) All competitors are responsible for having health insurance for themselves (personal insurance or through their National Association).
- 6) All competitors must be registered Master lifters with their respective National Masters Weightlifting Association.
- 7) You must comply with instructions regarding Qualifying Totals and also for Minimum Starting Attempts for your age and bodyweight category. (You must indicate your best performance made between the date of the last World Masters Weightlifting Championships and the deadline for entries for your country for this Championship. You will not be allowed to compete if your actual starting attempts on the day of the Championships do not meet the Minimum Starting Attempts Rule 5.1.4 described later in this notice.)
- 8) Incomplete Entry Forms will not be accepted by the IWF Masters. It is your responsibility to be able to document that you have submitted your Entry Form and Fees correctly.
- 9) Competitors who fail to make a successful snatch are not allowed to continue in the clean and jerk competition.
- 10) By signing your Entry Form you agree to accept the rules of the IWF Masters. No exceptions will be made for special issues of Nationality, Race, Gender, Religion, or Politics. Poor sportsmanship and behavior that will impact adversely on the IWF Masters will not be accepted.

IWF MASTERS RULES OF SPECIAL INTEREST STARTED IN 2004:

1. Minimum Starting Attempts Total Rule (“15/10 Kilo Rule”)

5.1.4 *At Continental Masters Championships and World Masters Championships, for men, their **first** attempt snatch plus the **first** attempt clean and jerk must total no less than a total that is 15 kilos below the Qualifying Total for that age and bodyweight category.*

*At Continental Masters Championships and World Masters Championships, for women, their **first** attempt snatch plus the **first** attempt clean and jerk must total no less than a total that is 10 kilos below the Qualifying Total for that age and bodyweight category.*

The lowest possible opening (first) attempts total for men is 15 kilos below their Qualifying Total.

The lowest possible opening (first) attempts total for women is 10 kilos below their Qualifying Total.

2. Masters Bodyweight Change Rule

5.2.1 *At the Technical Meeting before the start of IWF Masters Continental and IWF Masters World Championships, each National Federation confirms the final entry list of their athletes including name of the athlete, age group, and bodyweight category. After this information is verified at this Technical Meeting, the entries are considered final. There cannot be any modification of the names or bodyweight categories of the athletes, except in the case of an athlete moving up into a higher bodyweight category according to IWF Masters Rule 5.3.1.*

When, for any reason, a delegation of a National Federation does not attend this Technical Meeting, the entry forms previously submitted by that National Federation are considered the Final Verified Entries for that country.

3. Incomplete Entry Rule

By Law 13.12.7 *In the event that complete entry forms or entry fees are not received by the IWF Masters World Championships Weightlifting Commissioner before 25 days after the entry deadline, an appeals service fee of \$100 US Dollars may be required to be paid to the IWF Masters Committee in order for the appeal to be heard and for the athletes to be able to compete.*

The decision to levy this appeals fee or any portion thereof is at the sole discretion of the IWF Masters Chairman and the appeals commission appointed by the IWF Masters Chairman.

Even though an appeals fee is paid to the IWF Masters there is no guarantee that the result of the appeal will be satisfactory to the party making the appeal. There is no guarantee that medals will be available or insurance will be in place or other services are rendered that are usual and customary for athletes who have gotten their complete entry forms and fees submitted by the deadline.

The IWF Chairman and appeals commission have as one possible remedy to allow lifters to compete as Extra Lifters outside the competition, with or without the ability to break records.

The IWF Masters Committee, its officers, its agents, the IWF Masters World Championships Weightlifting Commissioner, and his/her agents will in no way be held liable for any alleged damages sustained by a party who has failed to submit the proper entry forms and fees by the time of the published deadline.

QUALIFYING TOTALS FOR 2010 IWF-WORLD MASTERS CHAMPIONSHIPS
Ciechanow, Poland. Sept. 18th – 25th 2010

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

(The above minimum totals qualify men to be considered for the 2010 26th IWF World Masters Championships. Minimum weight allowed on the barbell for men is 26 kg.)

1. Team points will be earned only an by athlete whose performance equals or exceeds the qualifying total corresponding to the age group and body weight class in which that athlete competed. For example, suppose a 40 year old, 105 kg man totals 222 kg but wins the silver medal. He will not earn team points for his team, although he finished second in the competition, because he did not achieve the qualifying total for his age group and body weight class.
2. All athletes must achieve the qualifying total for the age/body weight category in which they will compete at the 2010 IWF World Masters Championships. He must meet or exceed the qualifying total during the period that began October 18th 2009 and ends June 1st 2010.
3. At the Men's 2010 IWF Masters World Championships, no one will be allowed to start in the competition unless his first attempt Snatch plus his first attempt Clean and Jerk equals or is greater than a total **15 kilograms** below the Qualifying Standards (as summarized in the **Lowest Starting Attempts Total** table below).

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

Ciechanow, Poland. Sept. 18th – 25th 2010

Qualifying Standards for WOMEN:

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

(The above minimum totals qualify women to be considered for the 2010 17th IWF World Masters Championships for women. Minimum weight allowed on the barbell for women is 21 kg.)

1. Team points will be earned only an by athlete whose performance equals or exceeds the qualifying total corresponding to the age group and body weight class in which that athlete competed. For example, suppose a 40 year old, 63 kg woman totals 92 kg but wins the silver medal. She will not earn team points for her team, although she finished second in the competition, because she did not achieve the qualifying total for her age group and body weight class.
2. All athletes must achieve the qualifying total for the age/body weight category in which they will compete at the 2010 IWF World Masters Championships. She must meet or exceed the qualifying total during the period that began October 18th 2009 and ends June 1st, 2010.
3. At the Women's 2010 IWF Masters World Championships, no one will be allowed to start in the competition unless her first attempt Snatch plus her first attempt Clean and Jerk equals or is greater than a total **10 kilograms** below the Qualifying Standards (as summarized in the **Lowest Starting Attempts Total** table below).

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

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

Age Range	Year of Birth	Age Group	Age Range	Year of Birth	Age Group
35-39	1971-75	M&W35	60-64	1946-50	M&W60
40-44	1966-70	M&W40	65+	-1945	W65
45-49	1961-65	M&W45	65-59	1941-45	M65
50-54	1956-60	M&W50	70-74	1936-40	M70
55-59	1951-55	M&W55	75-79	1931-35	M75
			80+	-1930	M80

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: _____

**2010 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 _____

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.

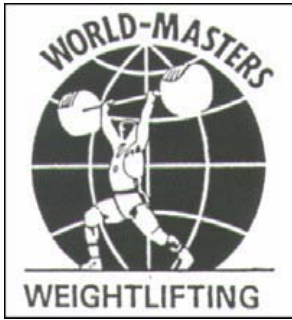
The IWF Masters Anti-Doping Sub Committee may at its discretion seek the advice and assistance of the appointed qualified medical practitioner to enable a decision to be reached in the hearing. Where therapeutic/inadvertent use of a banned substance or substances is proven, the IWF Masters Anti-Doping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

Therapeutic Use Exemptions

TUE - 2007

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.

For national chairman (or representative) only

2010 IWF-WORLD MASTERS CHAMPIONSHIPS

(26th Men's and 17th Women's)

Ciechanow, Poland.

Sept. 18th – 25th 2010

OFFICIAL TEAM REGISTRATION

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 EURO 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				

For national chairman (or representative) only
Summary of entry fees, 2010 Ciechanow, Poland. Sept. 18th – 25th 2010
for athletes, officials, and other guests.

(Make extra copies if required) (Make all payments in EURO)

No	Names	Entry Fees	Banquet	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Country _____

National Masters Chairman _____ (please print)

Full Postal Address _____

Phone# _____ Fax # _____ Email _____

Signature _____

METHOD OF PAYMENT (only in Euro):

Bank transfer or E-banking to:

Bank name: Powszechna Kasa Oszczednosci B.P. S.A.

Bank address: 20 Mlynska str, 75-054 Koszalin, Poland

Account name: Polish Masters W/L Federation

SWIFT (BIC CODE) BPKOPLPW

Iban: PL92 1020 2791 0000 7102 0081 8153

All transfers to be made free of charges to the Organizer.

Travelling possibilities:

Ciechanow is situated 100 kilometers far from Warsaw.

- competitors arriving by plane are transported from Warsaw Okęcie Airport by "Masters" buses on their own expense (€ 25).
- there are direct Intercity trains between Warsaw Railway Station and Ciechanow. A return ticket costs approx. € 20. The running-time is 1 hours.
- Car rental service is available in Warsaw and in Gdansk.

In Ciechanow local public transport is free between your accommodation and the place of the competition.

Accommodation:

Accommodation is possible in hotels - total 450 places within a 800 m area of the sports hall.

Price:

SINGLE: 25:35 € (for 1 person) breakfast incl.

DOUBLE: 35:40 € (for 2 person) breakfast incl.

TRIPLE: 50 € (for 3 person) breakfast incl.

Motels: price 15 – 25 € - distance from venue – 3-:-10 km

Meals:

At your accommodation and at the Sports Centre.

Training possibilities:

At the Sports Centre, in a separate training room every day during the competition. Sauna and digital scales are available.

The sports hall at 8 Kraszewski Street

The situated object is on the ground of complex sports--recreational, i.e. next door to of the covered swimming-pool, the Olympian „hotel" and the open basin. The hall possesses the full training- subsidiaries in forced sports , the subsidiaries health--cloak-room, the biological renovation and the room sports--spectacular. In the object one can organize contest of the rank of championship national and European in the discipline of the weightlifting.

The (headquarters) hotel establishment-the gastronomic „Olympian" br situated Object in recreational complex - sports- at 17 Stycznia Street about general super 2500 m² became devoted to the use in 1993 the year. The hotel possesses 56 rooms with the full health- node on 100 hostel places with the partition:

- rooms 1-personal - 22
- rooms 2-personal - 22
- rooms 3-personal - 5
- rooms 4-personal - 2
- executive rooms - 4

the Hotel restaurant is in a position to serve once 70 persons. Company to the hotel except the rich offer of sportingly recreational (the swimming-pool, the sauna, the solarium, the massage, the bodybuilding gym, racket courts) have the possibility of the use from two board rooms. In the hotel- reception desk of the employee work with the suitable direction education with the acquaintance of foreign languages. The working personnel partly is gastronomic professionally prepared. The hotel possesses the standard about the category of two starlets. Main hotel- customers are sports- groups taking advantage of objects sports—recreational

Jerzy Żalejko- Chairman
Polish Masters W/L Federation