

2016 WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(32ndMen's and 23rdWomen's)

Heinsheim, GERMANY

1st – 8th October 2016

(OFFICIAL ENTRY FORM)

All competitors must complete and submit pages 2, 3, and 4.
In addition, it is now mandatory to complete the medical form on page 12.
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.

www.iwfmasters.net

www.europeanmasterswl.com



2016 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(32nd Men's and 23rd Women's Championships)

REGISTERED for IWF MASTERS DRUG TESTING

Heinsheim, Germany 1st – 8th October 2016



www.iwfmasters.net

www.europeanmasterswfl.com

| | |
|-----------------------|--|
| Return entryformsto - | IWF MASTERS SECRETARIAT Dionissiou Solomou 59, 2231 Latsia, CYPRUS |
| Email - | iwfmasterssecretariat@gmail.com |
| Telephone - | + 357 96 710022 |

| | | |
|-------------------|---|------|
| Entry Fees - | Competition (non-returnable) | €106 |
| | Team Entry (men and women) (Pay at Technical Conference) | €30 |
| | Closing Banquet – tickets can be purchased at the competition venue | |
| Venue & address - | Josef-Muller-Halle Neckarstr 1, 74906 Bad Rappenau-Heinsheim | |

CLOSING DATE FOR ENTRIES: Letters postmarked no later than July 15th, 2016

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 1st Oct. to 8th Oct. – Heinsheim, Germany.. 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 2016 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.

Please provide one of the following –

Passport Number _____ Country _____

Driving License No. _____ Province/State/Country of issue _____

2016 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(32nd Men's and 23rd Women's Championships)

REGISTERED for IWF MASTERS DRUG TESTING

Heinsheim, Germany 1st – 8th October 2016



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 contraindicated to my well-being. I understand that Travel insurance with health and accident cover is mandatory.

COMPETITOR'S PERSONAL DETAILS (details marked are mandatory fields *):

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. 2016*:

Age Group*:

Body Weight Category*:

Gender (M or W)*:

Best Total between 20th Sept. 2015 and 30th June 2016* (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: _____

The **2015 IWF Anti-Doping Code** states that you are responsible for what is in your system and for positive drug test for anabolic substances is now a four (4) year suspension from all official competitions.

IWF MASTERS ANTI-DOPING SECRETARIAT

iwfmasterssecretariat@gmail.com and euromasterswsecretariat@gmail.com

MANDATORY DECLARATION: I hereby declare that I have read and understood the IWF Masters information document regarding advice on anti-doping, TUE applications, and supplements. This can also be found on the Masters websites.

Full Name _____ Nation _____

Signature _____ Date _____

2016 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(32nd Men's and 23rd Women's Championships)

REGISTERED for IWF MASTERS DRUG TESTING

Heinsheim, Germany 1st – 8th October 2016



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

MALE Age Groups: M35 (35-39) M40 (40-44) M45 (45-49) M50 (50-54) M55 (55-59)
M60 (60-64) M65 (65-69) M70 (70-74) M75 (75-79) M80 (80+)

B/W Cat's. : 56 Kg 62 Kg 69 Kg 77 Kg 85 Kg 94 Kg 105 Kg 105+ Kg

FEMALE Age Groups: W35 (35-39) W40 (40-44) W45 (45-49) W50 (50-54) W55 (55-59)
W60 (60-64) W65 (65-69) W70 (70+)

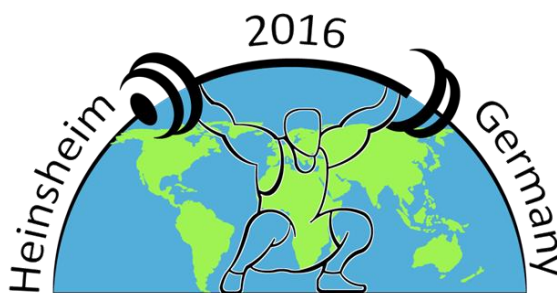
B/W Cat's. : 48 Kg 53 Kg 58 Kg 63 Kg 69 Kg 75Kg 75+ Kg

THE COMPETITION SCHEDULE TO BE ANNOUNCED WHEN ALL ENTRIES HAVE BEEN PROCESSED.

| | |
|------------------------------|--|
| RULES: | Current IWF-MASTERS, IWF, and WADA Rules will govern the competition |
| ORGANISER: | IWF-World Masters Weightlifting Committee. |
| CHAMPIONSHIP MANAGER: | Martina Dosquet |
| WEB: | wm2016.tsv-heinsheim.de |
| VENUE: | Josef-Muller-Halle Neckarstr 1, 74906 Bad Rappenau-Heinsheim |
| 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. |
| 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



World Masters Championships



**Summary of entry fees, Heinsheim, GERMANY(1ST – 8TH Oct. 2016)
for athletes, officials, and other guests.**

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



| No. | Family Name | Given Name | Date of Birth DD/MM/YYYY | Age | Age Grp. | B/W Cat. | Best Total | Qual. Total | Entry Fee €106 |
|-------------------------|-------------|------------|--------------------------|-----|----------|----------|------------|-------------|----------------|
| 1 | | | | | | | | | €106 |
| 2 | | | | | | | | | €106 |
| 3 | | | | | | | | | €106 |
| 4 | | | | | | | | | €106 |
| 5 | | | | | | | | | €106 |
| 6 | | | | | | | | | €106 |
| 7 | | | | | | | | | €106 |
| 8 | | | | | | | | | €106 |
| 9 | | | | | | | | | €106 |
| 10 | | | | | | | | | €106 |
| 11 | | | | | | | | | €106 |
| 12 | | | | | | | | | €106 |
| 13 | | | | | | | | | €106 |
| 14 | | | | | | | | | €106 |
| 15 | | | | | | | | | €106 |
| 16 | | | | | | | | | €106 |
| 17 | | | | | | | | | €106 |
| 18 | | | | | | | | | €106 |
| 19 | | | | | | | | | €106 |
| 20 | | | | | | | | | €106 |
| 21 | | | | | | | | | €106 |
| 22 | | | | | | | | | €106 |
| 23 | | | | | | | | | €106 |
| 24 | | | | | | | | | €106 |
| 25 | | | | | | | | | €106 |
| 26 | | | | | | | | | €106 |
| 27 | | | | | | | | | €106 |
| 28 | | | | | | | | | €106 |
| 29 | | | | | | | | | €106 |
| 30 | | | | | | | | | €106 |
| Total entry fees | | | | | | | | | |

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





World Masters Championships

ENTRY FEE PAYMENTS

ALL payments of entry fees must be paid in advance of a championship.

1. Electronic Bank Transfer (bank details below)

This is the best and less expensive method, but no cheques are accepted!

| 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 | Stationsstraat60, 8790Waregen, 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. | |

| VERY IMPORTANT NOTICE TO ALL NATIONAL MASTERS CHAIRPERSONS |
|--|
| <p>It is the duty of all National Masters Chairpersons and other officials to assist the IWF Masters and Continental Masters Committees to enforce the IWF Anti-Doping Rules and help to stop the cheats who ruin the reputation of Masters weightlifting.</p> <p>Please ensure that all your Masters who compete in Masters championships where testing is carried out are made aware of, and read, the IWF Masters information document regarding advice on anti-doping, TUE applications, and supplements.</p> <p>This document is sent to you with this copy of the entry form and is also published to the websites of the IWF Masters and the European Masters.</p> |

2016 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(32nd Men's and 23rd Women's Championships)

REGISTERED for IWF MASTERS DRUG TESTING

Heinsheim, Germany 1st – 8th October 2016



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 | | | | |

2016 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(32nd Men's and 23rd Women's Championships)

REGISTERED for IWF MASTERS DRUG TESTING

Heinsheim, Germany 1st – 8th October 2016



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 | 52 | 52 |
| 62 kg | 157 | 147 | 140 | 127 | 112 | 102 | 87 | 67 | 60 | 52 |
| 69 kg | 172 | 162 | 155 | 142 | 125 | 112 | 97 | 75 | 67 | 52 |
| 77 kg | 187 | 177 | 170 | 155 | 137 | 122 | 105 | 82 | 72 | 52 |
| 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 | 42 | 42 |
| 53 kg | 80 | 75 | 67 | 62 | 55 | 47 | 42 | 42 |
| 58 kg | 85 | 80 | 72 | 65 | 57 | 52 | 45 | 42 |
| 63 kg | 90 | 85 | 75 | 67 | 60 | 55 | 47 | 43 |
| 69 kg | 92 | 87 | 80 | 72 | 65 | 57 | 50 | 46 |
| 75 kg | 97 | 90 | 82 | 75 | 67 | 60 | 52 | 48 |
| +75 kg | 102 | 95 | 87 | 80 | 72 | 62 | 55 | 51 |

**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 | 1977-81 | M&W35 | 65-69 | 1947-51 | M&W65 |
| 40-44 | 1972-76 | M&W40 | 70-74 | 1942-46 | M70 |
| 45-49 | 1967-71 | M&W45 | 70+ | to 1946 | W70 |
| 50-54 | 1962-66 | M&W50 | 75-79 | 1937-41 | M75 |
| 55-59 | 1957-61 | M&W55 | 80+ | to 1936 | M80 |
| 60-64 | 1952-56 | M&W60 | | | |





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 on the form has been completed!

Country: _____

2016 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 2016) _____ 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 _____