



Please note that all competitors must complete and return pages 1, 2, and 4.  
Page 5 must be completed by National Masters Chairmen for single and multiple entries of competitors. (This is in addition to online registration)

**2013 WMG Weightlifting, Torino, Italy**

Competition 3rd – 10th August Closing date for entries 2nd June

Incorporating the

**2013 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP  
(29<sup>th</sup> Men's and 20<sup>th</sup> Women's Championship)**

**REGISTERED for IWF MASTERS DRUG TESTING**

Entry Fees:

**ONLY THE WMG ENTRY FEE IS PAYABLE AT ONLINE REGISTRATION**

Team entry (Male, Female & Small Nation) € 30.00 (Pay at Technical Meeting)

Banquet Fee (non-returnable) € 25.00 buy tickets at the venue.

Venue:

Le Cupole via Artom 111, 10127 Torino

Return all forms to:

**COMITATO ORGANIZZATORE WORLD MASTERS GAMES 2013 (Weightlifting)  
Corso Ferrucci 122, Ufficio n.37 - TORINO - 10141 - ITALY**

**THE IWF MASTERS DRUG POLICY WILL BE STRICTLY ENFORCED.**

I accept all conditions as specified in the Masters rulebook.

Date \_\_\_\_\_ Last name \_\_\_\_\_ First Name \_\_\_\_\_

**COMPETITOR'S PERSONAL DETAILS:**

**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.**

**PRINT --**

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Date of Birth Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ Age (at 31<sup>st</sup> December 2013) \_\_\_\_\_

Age Group \_\_\_\_ Body weight category \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_\_

Best total between 13<sup>th</sup> Sept. 2012 and June 1<sup>st</sup> 2013 \_\_\_\_\_ kg

Qualifying total for my age group and body weight category \_\_\_\_\_ kg

Nation (country. by passport) \_\_\_\_\_

**RULES:**

Current IWF-MASTERS, IWF, and WADA Rules will govern the competition.

**ORGANISER:**

IWF Masters Weightlifting Committee.

**MALE** and **Female** athletes must be **35 years** of age (born **1978**) 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 13<sup>th</sup> Sept. 2012 until June 1<sup>st</sup>, 2013** will be permitted to compete. For more information in this connection, please see the "Qualifying Standards".

**Note:** an athlete cannot post a qualifying total while on anti doping suspension.

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

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

**ACTUAL SCHEDULE TO BE ANNOUNCED WHEN APPLICATIONS HAVE BEEN PROCESSED.**

**QUALIFYING TOTALS FOR 2013 WMG TORINO, ITALY**  
**2013 IWF WORLD MASTERS CHAMPIONSHIP**

**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  |

**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  |

For doping control rules and all Masters rules, please take time to read the IWF Masters Rulebook by visiting the IWF Masters or the European Masters website at –

[www.iwfmasters.net](http://www.iwfmasters.net)  
[www.europeanmasterswl.com](http://www.europeanmasterswl.com)

# Torino2013 World Masters Games

## Medical Information

***No registration will be accepted from IWF Masters Committee unless one of the two options has been completed!***

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 only 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.

**Safeguard your own health, if you become ill whilst competing completing this form will enable you to receive immediate medical attention which might be life-saving.**

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.

Country: \_\_\_\_\_

**2013 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 \_\_\_\_\_

# Torino2013 World Masters Games

## Summary of all athletes, officials, and other guests for nation

(Make extra copies if required)

|    | Family name | Given name | Date of Birth<br>DD/MM/YY | Age at<br>31/12/13 | Age<br>Grp. | B/W<br>Cat. | Best<br>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 |             |            |                           |                    |             |             |               |
| 26 |             |            |                           |                    |             |             |               |
| 27 |             |            |                           |                    |             |             |               |
| 28 |             |            |                           |                    |             |             |               |
| 29 |             |            |                           |                    |             |             |               |
| 30 |             |            |                           |                    |             |             |               |

Note – The above form must be submitted by each nation for one or more competitors.  
Drug testing will be strictly enforced and administered by the IWF Masters Committee.

# Torino2013 World Masters Games

## 2013 WMG Weightlifting - Torino, Italy Incorporating the 2013 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP (29<sup>th</sup> Men's and 20<sup>th</sup> Women's Championship)

### DRUG TESTING PROCEDURES ADMINISTERED BY THE IWF MASTERS COMMITTEE

#### For national chairman (or representative) only

#### 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 and can be paid at accreditation or at the Technical Meeting on Friday 2<sup>nd</sup> August 2013 at the Venue.

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 |  |  |  |  |