



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

Incorporating the

2013 IWF-WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

(29th Men's and 20th 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 contra-indicated 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 31st December 2013) _____

Age Group ____ Body weight category _____ Male ____ Female _____

Best total between 13th Sept. 2012 and June 1st 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 **13th Sept. 2012 until June 1st, 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
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 _____

Country: Germany

2010 IWF Masters
Medical Information Form
fill out in English

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

Name: Hehl Ute Date of Birth: 12/17/1963 Age:(in Sept 2010) 47 years
Last name First Name Month/Day/Year

Home Address: Schellingweg 49 34379 Calden Germany
Street City State/Province Country

Telephone number: +49 5674 5162 Date of Last Exam by Physician: 21.05.2010

What languages do you speak? : German, English

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: Ute Hehl

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: Hehl date 24.05.2010

Muster