



2014 EUROPEAN MASTERS WEIGHTLIFTING CHAMPIONSHIP
Kazinbarcika, HUNGARY – 17th – 24th May 2014
(24th Men’s and 22nd Women’s - Registered for Drug Testing)

ORGANISER/ENTRY DETAILS

RETURN ENTRY TO

Mrs. Denise Offermann
(EMC Secretariat)
Dionissiou Solomou 59
2231 Latsia
CYPRUS
Email: euromasterswlsecretariat@gmail.com
Championship website: <http://emwc2014.com>

FEES

Competition EURO €70
Banquet EURO €25 (Purchase at venue)
Fees are not refundable.

VENUE

Kazinbarcika Sports Centre (KSK)
1 Akacfa Street
Kazinbarcika
3700 Hungary

ENTRY DEADLINE

31st March 2014 (Postmarked no later than the 24th March 2014).

EUROPEAN MASTERS COMMITTEE BANK DETAILS (for electronic transfer of total fees payable by Nation)

Bank transfer or E-banking to:

NAME OF ACCOUNT HOLDERS -	Denise Offermann, Michel Vereecke & Jozef Lazou
BANK NAME	KBC BANK
ACCOUNT NAME	EWF European Masters Weightlifting Committee
BANK ADDRESS	Stationsstraat 60, 8790 Waregen, Belgium
BIC	KREDBEBB
IBAN No. (Bank Account number)	BE84 7380 3953 1259

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.

Name of Competitor (Capitals) _____

ATHLETE'S STATEMENT TO COMPETE

Please enter me in the **European Masters Weightlifting Championships to be held on 17th May – 24th May 2014 at Kazincbarcika, Hungary**. 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 European Masters Weightlifting Championships Organiser (hereafter referred to as the "Organiser"), the European Masters Committee (hereafter referred to as the EMC), 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 authorised by the Organiser and EMC 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 EMC the right to record and make use of the same, and to authorise 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 EMC, their sponsors and advertisers, and the sport of amateur weightlifting, and to fund the activities of the Organiser and EMC.

I agree that the Organiser, the EMC and their agents, including competition personnel, may make judgements (with appropriate input from available medical personnel), as to my treatment, hospitalisation, 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, hospitalisation, or other care.

I authorise the Organiser, the EMC, 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 Organiser, the EMC, their agents and competition personnel to make judgements, and my next of kin cannot be timely and conveniently contacted to participate in the making of such judgements. I hereby release and agree to hold the Organiser, the EMC, their agents and competition personnel harmless for all expenses, causes of action, liability, claims, and demands arising from good faith judgements made by the Organiser, the EMC, their agents and competition personnel concerning my treatment, hospitalisation, 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 Organiser for my benefit, in which event I will nevertheless continue to be financially responsible for expenses of treatment, hospitalisation, and other medical care in excess of such policies' limits.

Further, I declare that I agree to the contents of the current IWF MASTERS RULEBOOK, especially to ALL IWF and WADA Anti Doping Policies. (DRUG TESTING WILL BE DONE AT ALL EUROPEAN MASTERS WEIGHTLIFTING CHAMPIONSHIPS AND MAY BE IN COMPETITION OR OUT OF COMPETITION)

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 accept all such conditions :-

Name _____ Signature _____

Date _____

1. Qualifying standards must be met and approved with all other details on this form.
2. All fees must be paid in EUROS.
3. Please return this entry form with the correct fees to your National Masters Chairman at least one month before the closing date for entries.
4. Entry forms not processed and certified by your National Masters Chairman will be returned.
5. **Drug testing will be strictly enforced. Anyone using performance enhancing drugs is not welcome at this championship.**

COMPETITOR'S PERSONAL DETAILS :-

(PLEASE PRINT)

Nation (country by passport) _____

Last (family) Name _____

First (given) Name(s) _____

Street Address _____

City/Town _____ Country _____

Postal code _____

Telephone (H) _____ (B) _____

Date of Birth – Day ____ Month ____ Year ____

Age (at 31st December 2014) _____ Email: _____

AGE GROUP _____	BODY WEIGHT CATEGORY _____ kg
Best total between 26th May 2013 and 1st March 2014 _____ kg	
Male _____	Female _____

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

Referee Status - IWF CAT 1 () IWF CAT II ()

Travel/health Insurance is mandatory.

The above competitor's details are certified by -

National Chairman _____

Signature _____ Date _____

Financial Statement for this Competitor		
Entry Fee	€70,-	€70,-
Closing Banquet	Purchase at venue (€25)	
	Total Fees	€70
Competitor's signature _____		

FOR THE ATTENTION OF ALL ATHLETES

*** IMPORTANT ***

Specific information on anti doping – please read and be aware !

- **Do not mail your TUE Form with your entry, it is your personal document, you will only need it if you are selected to attend doping control at the championship.**
- Only you are responsible for any item of food **or medication** you put into your mouth.
- The European Masters Committee (the EMC) will conduct doping control at every European Masters Weightlifting Championship. Anyone using banned substances will eventually, at one time or another, find that they are selected for testing.
- It is possible to find the list of banned substances from your own Federation or from the IWF or WADA (World Anti Doping Agency) websites.
- At all European Masters Championships the EMC intends to run educational seminars to help athletes and to enable them to understand that if they are taking prescribed medication they can still test positive. The seminars are designed to help athletes taking prescribed medicine, but we urge all athletes to attend at least one seminar.
- Athletes selected for doping control **must** declare **every** item of medication, vitamin, or supplement, e.g. aspirin, paracetamol, creatin, and all prescribed or non prescribed medication. Failure to do so might be disadvantageous if the athlete gives an “adverse finding”.
- At this moment in time many Master athletes must take medication for their well being and it is recognised that everyone has the right to be ill and take medication for the care of, and to cure sickness.
- The medication causing most problems is the medication used for the treatment of stress and high blood pressure. These medicines come under a variety of names and are mostly **diuretics** and therefore mostly on the banned list.
- If you are being prescribed this medicine (and others) by your doctor and your doctor will not prescribe an alternative medicine that is not on the banned list then you must complete an **IWF Masters TUE**. You should also have a medical certificate completed and signed by your doctor **in English**. A TUE is a Therapeutic Use Exemption form which enables your doctor to enter the details of the prescribed medicine and for him to sign it and date it. It can be found with this entry form or you will be able to get one from the current Championship Organising Committee.
- You must bring the completed IWF Masters TUE form and medical certificate with you to all championships just in case you are selected for testing. These will be used for verification purposes should you give an “adverse analytical finding” if tested.
- It is not necessary to complete a TUE form if you are not taking any prescribed medication.
- **It is not the intention of the EMC to persecute Masters – only to help, but first of all you have to help yourself and you must cooperate.**
- **Always remember – if you take drugs to enhance your performance, you are a cheat !**
- Visit the European Masters website at –
www.euromasterswl.weebly.com

2014 EUROPEAN MASTERS WEIGHTLIFTING CHAMPIONSHIPS

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

Age Grp.				Age Grp.			
1	35-39	M/W35	1975-79	6	60-64	M/W60	1950-54
2	40-44	M/W40	1970-74	7	65-69	M/W65	1945-49
3	45-49	M/W45	1965-69	8	70-74	M/W70	1940-44
4	50-54	M/W50	1960-64	9	75-79	M75/W75	1935-39
5	55-59	M/W55	1955-59	10	80-80+	M80	- 1934 (Women 75+)

Bodyweight Categories

Men :-	56	62	69	77	85	94	105	105+
Women :-	48	53	58	63	69	75	75+	

Table of Qualifying Totals (men)

	240 SMM points			230 SMM points			220 SMM points			
Age group	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Category	M35	M40	M45	M50	M55	M60	M65	M70	M75	M80
56 kg	137	130	125	115	102	92.0	80	67.	60	*
62 kg	152	145	137	127	112	102	90	75	67	*
69 kg	167	160	150	140	125	112	97	82	74	*
77 kg	182	172	165	150	135	122	107	90	82	*
85 kg	192	182	175	160	142	130	112	95	87	*
94 kg	202	192	182	167	150	137	120	100	91	*
105 kg	210	200	190	175	157	142	122	102	95	*
+105 kg	217	207	197	182	165	150	127	107	99	*

- Minimum weight allowed = 26. kg (bar + 2 x 2.5 kg discs + 2 x 0.5 kg + spring clip collars)

Table of Qualifying Totals (women)

	Based on 100 SMM points								
Age Group	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Category	W35	W40	W45	W50	W55	W60	W65	W70	W75
48 kg	70	65	62	60	55	52	50	48	47
53 kg	72	70	65	62	57	55	52	49	48
58 kg	77	72	70	65	62	57	55	50	49
63 kg	80	75	72	70	65	60	57	52	51
69 kg	85	80	75	72	67	62	60	56	55
75 kg	87	82	77	75	70	65	62	59	58
+75 kg	95	90	85	82	77	67	65	63	62

- Minimum weight allowed = 21 kg (bar + 2 x 2.5 kg discs + 2 x 0.5 kg + spring clip collars)



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 TUE Form and the medical report are valid for three (3) years from the date of issue.

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 valid for three (3) years

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):

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.....
.....
.....

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.

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.....

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>
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<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>
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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.