

2015 WORLD MASTERS WEIGHTLIFTING CHAMPIONSHIP

**(31st Men's and 22nd Women's)
Rovaniemi, FINLAND**

12th – 19th September 2015

(OFFICIAL ENTRY FORM)

All competitors must complete and submit pages 2, 3, and 4.

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.





**2015 IWF-WORLD MASTERS
WEIGHTLIFTING CHAMPIONSHIP**
(31st Men's and 22nd Women's Championships)
REGISTERED for IWF MASTERS DRUG TESTING
Rovaniemi, Finland, 12th – 19th September 2015



Return entry forms to -	IWF MASTERS SECRETARIAT
	Dionissiou Solomou 59
	2231 Latsia
	CYPRUS
Email -	worldmasterswsecretariat@gmail.com
Telephone -	+ 357 96 710022

Entry Fees -	Competition (non-returnable)	€106 (includes €1 affiliation)
	Team Entry (men and women) (Pay at Technical Conference)	€30
	Closing Banquet – pay at venue	€30 Euros
Venue & address -	www.santasport.fi Hiihtomajantie 2 96400 ROVANIEMI FINLAND	

CLOSING DATE FOR ENTRIES: Letters postmarked no later than June 30th, 2015
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 **12th Sept. to 19th Sept. 2015 – Rovaniemi, Finland..** 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 2015 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.

Further, I declare that I agree to the contents of the IWF MASTERS RULEBOOK – **2015 IWF Anti Doping Rules**

All lifters must sign on the entry forms a statement that the IWF MASTERS has the authority and the right to test for banned substances **at any time during the days of the championship**, in our out of competition.

The IWF MASTERS recognises the right of any member country to conduct tests on any lifter selected for a drug test at any IWF MASTERS organised event or at any other time.

THE IWF MASTERS DRUG POLICY WILL BE STRICTLY ENFORCED. * Please sign below *****

I (the undersigned) accept all such conditions -

Name (print):* _____ **Signature:*** _____ **Date:** _____



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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.

COMPETITOR'S PERSONAL DETAILS (please print clearly and complete all details marked *):

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. 2015*:
Age Group*:	Body Weight Category*:	Gender (M or W)*:	
Best Total between 7th Sept. 2014 and 30th June 2015*		(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: _____

PLEASE PROVIDE ONE OF THE FOLLOWING :-

Passport number _____ Country _____

Driver's license _____

Province/state/country of issue _____

2015 IWF-WORLD MASTERS WEIGHTLIFTING

CHAMPIONSHIP

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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 ☐ 75 Kg ☐ 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:	Organizing Committee – Jorma Pallari, Finland Weightlifting Federation
WEB:	http:// www.masters2015.fi
VENUE:	www.santasport.fi Hiihtomajantie 2 96400 ROVANIEMI FINLAND
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





**Summary of entry fees, Rovaniemi, FINLAND (12th – 19th Sept. 2015)
for athletes, officials, and other guests.**

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



No.	NAMES	Entry Fees € Euros	Affiliation Fee € (IWF Masters)	Total € Euros
1		105	1	106
2		105	1	106
3		105	1	106
4		105	1	106
5		105	1	106
6		105	1	106
7		105	1	106
8		105	1	106
9		105	1	106
10		105	1	106
11		105	1	106
12		105	1	106
13		105	1	106
14		105	1	106
15		105	1	106
16		105	1	106
17		105	1	106
18		105	1	106
19		105	1	106
20		105	1	106
(National affiliation fee of €1 is now payable by the lifter as part of the entry fee)				
	TOTALS			

Country	
National Masters Chairman	print name signature
Full Postal Address	
Phone# _____ Fax # _____ Email _____	

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	Stationsstraat 60, 8790 Waregen, 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.	

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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				



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QUALIFYING STANDARDS

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	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



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	45	45
53 kg	80	75	67	62	55	47	45	45
58 kg	85	80	72	65	57	52	45	45
63 kg	90	85	75	67	60	55	47	45
69 kg	92	87	80	72	65	57	50	45
75 kg	97	90	82	75	67	60	52	45
+75 kg	102	95	87	80	72	62	55	45

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	1976-80	M&W35	65-69	1946-50	M&W65
40-44	1971-75	M&W40	70-74	1941-45	M&W70
45-49	1966-70	M&W45	75-79	1936-40	M75
50-54	1961-65	M&W50	80+	to 1935	M80
55-59	1956-60	M&W55			
60-64	1951-55	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 has been completed!

Country: _____

2015 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 _____