



**2012 EUROPEAN MASTERS WEIGHTLIFTING CHAMPIONSHIP**  
**Lankaran, Azerbaijan - 2<sup>nd</sup> – 9<sup>th</sup> June 2012**  
**(22nd Men's and 20th Women's - Registered for Drug Testing)**

**ORGANISER/ENTRY DETAILS**

**RETURN ENTRY TO**

**Mr. Rizvan Rasulov**  
**S.Vurgun str. 25**  
**Stadium named after M. Huseynzadeh, 2<sup>nd</sup>-3<sup>rd</sup> floor**  
**5000 Sumgait**  
**Azerbaijan**  
Email: [arvaa@mail.ru](mailto:arvaa@mail.ru)  
Website: [www.lankaran2012.az](http://www.lankaran2012.az)

**FEES**

**Competition EURO 70**  
**Banquet EURO 22**  
**Fees are not refundable.**

**VENUE**

**Lankaran Olympic Complex**  
**Lankaran**

**ENTRY DEADLINE**

**15<sup>th</sup> March 2012** (Postmarked no later than the 15<sup>th</sup> March 2012). No late entries or incomplete entries will be accepted.

**BANK DETAILS (for electronic transfer of total fees payable by Nation)**

<b>NAME OF ACCT. HOLDER</b>	<b>VETERAN AGIR ATLETLAR IB VOEN 2901660001</b>
<b>BANK NAME</b>	<b>Kapital Bank Sumgait branch 1</b>
<b>BANK ADDRESS</b>	<b>J.Jabbarli 1 Sumgait Azerbaijan</b>
<b>BANK CODE</b>	<b>200253</b>
<b>IBAN</b>	<b>33180019782501607125</b>
<b>BIC</b>	<b>AIIBAZ2X</b>
<b>BANK ACCOUNT NUMBER</b>	<b>33180019782501607125</b>

**Correspondent bank -**

**COR.ACC.COMMERZBANK AG(SWIFT: COBADEFF)**  
**FRANKFURT ON MAIN, GERMANY**  
**ACC 400886714501 EUR**

**Please include the name or nation of the sender.**

**Please transfer all fees free of charges 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 2<sup>nd</sup> June – 9th June 2012 at Lankaran, Azerbaijan**. 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 2012 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 to the organiser 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) \_\_\_\_\_

Passport-Nr. \_\_\_\_\_

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 2012) \_\_\_\_\_

<b>AGE GROUP</b> _____	<b>BODY WEIGHT CATEGORY</b> _____ kg
<b>Best total between 10<sup>th</sup> June 2011 and 25<sup>th</sup> February 2012</b> _____ kg	
<b>Male</b> _____	<b>Female</b> _____

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

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

**Travel Insurance is mandatory.**

The above competitor's details are certified by -

National Chairma \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

<b>Financial Statement for this Competitor</b>		
<b>Entry Fee</b>	<b>€70,-</b>	<b>€70,-</b>
<b>Closing Banquet</b>	<b>€22,- per person</b>	<b>€</b>
	<b>Total Fees</b>	<b>€</b>
<b>Competitor's signature</b> _____		

**Persönliche Daten des Teilnehmers :**

(Bitte in Druckbuchstaben)

**Nationalität** \_\_\_\_\_

**Passport-Nr.** wird benötigt zur Einladung für Visum-Antrag

Nachname \_\_\_\_\_

Vorname \_\_\_\_\_

Straße/Hausnummer \_\_\_\_\_

Stadt \_\_\_\_\_ Land \_\_\_\_\_

Postleitzahl \_\_\_\_\_

Telefon-Nr. (Privat) \_\_\_\_\_ (Geschäftlich) \_\_\_\_\_

Geburtsdatum – Tag \_\_\_\_ Monat \_\_\_\_ Jahr \_\_\_\_

Alter (am 31. Dezember 2012) \_\_\_\_

<b>Altersklasse</b> _____	<b>Gewichtsklasse</b> _____ kg
<b>Bestes Zweikampfergebnis vom 10. Juni 2011 und 25. Februar 2012</b> _____ kg	
<b>Männlich</b> _____	<b>Weiblich</b> _____

Norm für meine Altersklasse und Gewichtsklasse \_\_\_\_\_ kg

Kampfrichter-Lizenz - IWF CAT 1 ( ) IWF CAT II ( )

Die gesamten Angaben des Teilnehmers wurden geprüft -

Nationaler Mastersbeauftragter Heinz Kuhn

Unterschrift \_\_\_\_\_ Datum \_\_\_\_\_

\*\*\*\*\*

<b>Finanzaufstellung für den Teilnehmer</b>		
<b>Startgebühren</b>	<b>€70,-</b>	<b>€ 70,-</b>
<b>Bankett</b>	<b>€30,- pro Person</b>	<b>€</b>
	<b>Gesamtgebühren</b>	<b>€</b>
<b>Unterschrift des Teilnehmers</b> _____		

## FOR THE ATTENTION OF ALL ATHLETES

\*\*\* IMPORTANT \*\*\*

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

- 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 new European Masters Committee soon at –  
[www.euromasterswl.weebly.com](http://www.euromasterswl.weebly.com)



## 2012 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 1973-77	6	60-64	M/W60 1948-52
2	40-44	M/W40 1968-72	7	65-69	M/W65 1943-47
3	45-49	M/W45 1963-67	8	70-74	M/W70 1938-42 (Women 70+)
4	50-54	M/W50 1958-62	9	75-79	M75 1933-37
5	55-59	M/W55 1953-57	10	80-80+	M80 - 1932

#### 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.	62	*
62 kg	152	145	137	127	112	102	90	75	67	*
69 kg	167	160	150	140	125	112	97	82	75	*
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	90	*
105 kg	210	200	190	175	157	142	122	102	95	*
+105 kg	217	207	197	182	165	150	127	107	100	*

- 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+
Category	W35	W40	W45	W50	W55	W60	W65	W70
48 kg	70	65	62	60	55	52	50	48
53 kg	72	70	65	62	57	55	52	49
58 kg	77	72	70	65	62	57	55	50
63 kg	80	75	72	70	65	60	57	52
69 kg	85	80	75	72	67	62	60	56
75 kg	87	82	77	75	70	65	62	59
+75 kg	95	90	85	82	77	67	65	63

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



<b>QUALIFYING TOTALS AND START TOTALS USING 10 kg/15 kg RULE (FOR WEIGH IN)</b>										
<b>240 SMM points</b>			<b>230 SMM points</b>			<b>220 SMM points</b>				
<b>Age group</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75-79</b>	<b>80 &amp; above</b>
<b>Category</b>										
<b>56 kg</b>	137	130	125	115	102	92	80	67	62	55*
<b>62 kg</b>	152	145	137	127	112	102	90	75	67	55*
<b>69 kg</b>	167	160	150	140	125	112	97	82	75	55*
<b>77 kg</b>	182	172	165	150	135	122	107	90	82	55*
<b>85 kg</b>	192	182	175	160	142	130	112	95	87	55*
<b>94 kg</b>	202	192	182	167	150	137	120	100	90	55*
<b>105 kg</b>	210	200	190	175	157	142	122	102	95	55*
<b>+105 kg</b>	217	207	197	182	165	150	127	107	100	55*
<b>15 kg rule "Start totals"</b>										
<b>Age group</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75-79</b>	<b>80 &amp; above</b>
<b>Category</b>										
<b>56 kg</b>	122	115	110	100	87	77	65	55*	55*	55*
<b>62 kg</b>	137	130	122	112	97	87	75	60	55*	55*
<b>69 kg</b>	152	145	135	125	110	97	82	67	60	55*
<b>77 kg</b>	167	157	150	135	120	107	92	75	67	55*
<b>85 kg</b>	177	167	160	145	127	115	97	80	72	55*
<b>94 kg</b>	187	177	167	152	135	122	105	85	75	55*
<b>105 kg</b>	195	185	175	160	142	127	107	87	80	55*
<b>+105 kg</b>	202	192	182	167	150	135	112	92	85	55*

\*Minimum weight on bar 26 kg

#### **Table of Qualifying Totals (women)**

<b>Based on 100 SMM points</b>								
<b>Age Group</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70+</b>
<b>Category</b>	<b>W35</b>	<b>W40</b>	<b>W45</b>	<b>W50</b>	<b>W55</b>	<b>W60</b>	<b>W65</b>	<b>W70</b>
<b>48 kg</b>	70	65	62	60	55	52	50	48
<b>53 kg</b>	72	70	65	62	57	55	52	49
<b>58 kg</b>	77	72	70	65	62	57	55	50
<b>63 kg</b>	80	75	72	70	65	60	57	52
<b>69 kg</b>	85	80	75	72	67	62	60	56
<b>75 kg</b>	87	82	77	75	70	65	62	59
<b>+75 kg</b>	95	90	85	82	77	67	65	63
<b>10 kg rule "Start totals"</b>								
<b>Age Group</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70+</b>
<b>Category</b>	<b>W35</b>	<b>W40</b>	<b>W45</b>	<b>W50</b>	<b>W55</b>	<b>W60</b>	<b>W65</b>	<b>W70</b>
<b>48 kg</b>	60	55	52	50	45	42*	42*	42*
<b>53 kg</b>	62	60	55	52	47	45	42*	42*
<b>58 kg</b>	67	62	60	55	52	47	45	42*
<b>63 kg</b>	70	65	62	60	55	50	47	42*
<b>69 kg</b>	75	70	65	62	57	52	50	46
<b>75 kg</b>	77	72	67	65	60	55	52	49
<b>+75 kg</b>	85	80	75	72	67	57	55	53

\*Minimum weight on bar 21 kg



## OFFICIAL TEAM REGISTRATION

Please enter the following team in this championship. The payment of the entry fee for this event is 30 EURO and can be paid at accreditation or at the Technical Meeting.

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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** \_\_\_\_\_

**NATIONAL COACH** \_\_\_\_\_

**Signature** \_\_\_\_\_

	<b>NAME</b>	<b>B/Wght.</b>	<b>AGE</b>	<b>TOTAL</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>Reserves :-</b>				
<b>1</b>				
<b>2</b>				



## **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.**

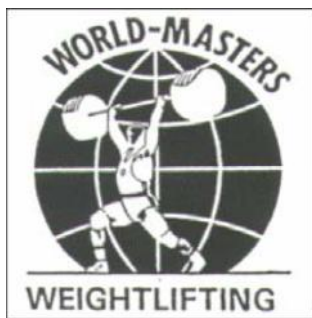
The IWF Masters Anti-Doping Sub Committee may at its discretion seek the advice and assistance of the appointed qualified medical practitioner to enable a decision to be reached in the hearing. Where therapeutic/inadvertent use of a banned substance or substances is proven, the IWF Masters Anti-Doping 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 Organisation  
Ausnahmeantrag zur Einnahme therapeutischer  
Medikation

TUE - 2012  
Appendix 1

Bitte füllen Sie alle Felder auf beiden Seiten in Großbuchstaben aus oder tippen Sie diese ein.

**1. Informationen des Athleten:**

Nachname (Familienname): .....

Vorname: .....

Geburtsdatum (T/M/J): ..... weiblich  männlich

Straße: .....

Postleitzahl: ..... Stadt: ..... Land: .....

Telefon: (mit Ländervorwahl) \_\_\_\_\_ .....

E-mail: .....@.....

National Sport Organization: Name, Adresse & E-mail: .....

.....

**2. MEDIZINISCHE Angaben:**

Diagnose mit ausreichender medizinischer Angaben (siehe Hinweis):

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

Falls irgendwelche erlaubten Medikamente angezeigt, werden, die zur Behandlung eingesetzt werden, stellen Sie ein medizinischen Gutachten zur Verfügung, welches die Einnahme dieses Medikaments rechtfertigt.

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

**Hinweis: Diagnose**

Nachweise, die die Diagnose bestätigen, **müssen beigefügt und mit diesem Formular nachgereicht werden.** Die ärztlichen Nachweise sollten eine umfassende medizinische Geschichte und die Ergebnisse aller relevanten Untersuchungen, wie Laboruntersuchungen einschließen. Kopien der ursprünglichen Berichte oder Briefe, sollten wenn möglich, darin enthalten sein. Die Nachweise der klinischen Umstände sollten so objektiv wie möglich sein, und im Fall von nichtbeweisbaren Tatsachen wird unterstützend eine unabhängige ärztliche Meinung eingeholt, die bei diesem Antrag helfen soll.

**3. EINZELHEITEN ZUM MEDIKAMENT:** *Oberbegriff -- verbindlich*

Verbotene Substanz(en)	Dosierung	Art der Einnahme	Häufigkeit

<b>Voraussichtliche Dauer der Behandlung</b> <i>(Bitte kreuzen Sie an)</i>	Nur einmal <input type="checkbox"/> Im Notfall <input type="checkbox"/> dauerhaft <input type="checkbox"/> <b>Angaben über die Dauer:</b> <i>(Woche/n—Monat/e): .....Beginn: .....</i>
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<p><b>Haben Sie kürzlich einen TUE Antrag eingereicht?</b> : ja <input type="checkbox"/> nein <input type="checkbox"/></p> <p>Welche Substanz(en)? .....An wen?.....Wann?.....</p> <p>Zugelassen <input type="checkbox"/> Nicht zugelassen <input type="checkbox"/></p>
---

**4. ANGABEN DES PRAKTIZIERENDEN ARZTES: (Bitte hängen Sie das Rezept an)**

Ich bescheinige, dass die oben erwähnte Behandlung medizinisch passend/notwendig ist, und dass der Gebrauch des alternativen Medikaments, das nicht auf der verbotenen Liste steht, unter diesen Umständen ungenügend sein würde.

**Name:**.....

**Medizinisches Fachgebiet:**..... **ABSCHLUSS**.....

**Adresse:** .....

**Tel.:** (mit Ländervorwahl) \_\_\_\_\_ **Fax:** .....

**E-mail:** .....

**Unterschrift des praktizierenden Arztes:** ..... **Datum:** .....

**5. ERKLÄRUNG DES ATHLETEN:**

Ich, ..... versichere, dass die Angaben unter Punkt 1 richtig sind. Ich bitte um die Zustimmung, dass ich eine Substanz oder Mittel verwende, die auf der verbotenen Liste der WADA stehen. Ich willige ein, dass die IWF mit ihrer Anti-Doping Organisation (ADO) sowie die Mitarbeiter der WADA, dem WADA TUEC (Therapeutic Use Exemption Committee) und andere ADOs, Einsicht in meine persönlichen medizinischen Informationen bekommen. Mir ist bewusst, dass, wenn ich jemals das Recht, dass diese Organisationen Auskunft über meine Gesundheitszustand erhalten können, widerrufen möchte, ich meinen Arzt und meinen ADO/s in einem Schreiben dieser Tatsache benachrichtigen muss.

Unterschrift des Athleten: .....Datum: .....

**Unvollständige Anträge werden zurückgeschickt und müssen komplett neu eingereicht werden.**

Bitte senden Sie das ausgefüllte Formular an die geltenden ADO und bewahren Sie eine Kopie für Ihre Unterlagen.