

**VETERAN WORLD CHAMPIONSHIPS (FS)
CHAMPIONNATS DU MONDE VETERAN (LL)**

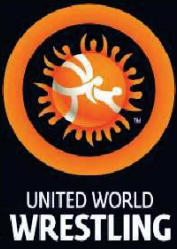
SKOPJE (MKD), 28-30.09.2018

SPECIFIC INFORMATION / INFORMATIONS SPECIFIQUES	
Details of the organising Federation Coordonnées de la Fédération organisatrice	Macedonian Wrestling Federation Sala KK Rabotnicki Gradski Park BB, 1000 Skopje Tel: +389 2 322 678 Email: MKD@united-world-wrestling.org
Host broadcaster Radiodiffuseur hôte	Macedonian Radio Television (MRTV)
Details of competition venue Coordonnées salle de compétition	VIP Arena Boris Trajkovski, Bulevar 8 Septemvri bb, Skopje
Age group Groupe d'âge	Veteran according to the United World Wrestling Rules Veterans selon les Règles de Lutte de United World Wrestling
Weight categories Catégories de poids	FS / LL (55-62)-70-78-88-100-(100-130) kg
Number of mats and trademark Nombre de tapis et marque	3 United World Wrestling approved mats 3 tapis homologués par United World Wrestling
Deadline for the preliminary entries Délai inscriptions préliminaires	28 July 2018 28 juillet 2018
Deadline for the final entries Délai inscriptions nominatives	28 August 2018 28 août 2018
Referee's category Catégories d'arbitres	Category I Catégorie I
Referee's course type Type de stage pour arbitres	Type I and II
Reception of the teams Accueil des équipes	Alexander the Great Airport Skopje Aéroport Alexandre-le-Grand Skopje
Details of hotel for the teams Coordonnées hôtel pour les équipes	Continental Hotel Aleksandar Makedonski 2 1000 Skopje Tel: +389 2 3 133 333 Email: info@hotelcontinental.com.mk Website: www.hotelcontinental.com.mk Hotel New Star 2 Br. 160 Vizbegovo, 1000 Skopje Tel. +389 2 260 0333 Email: newstar@newstar.com.mk Website: http://www.newstar.com.mk/
Details of hotel for the referees Coordonnées hôtel pour les arbitres	Hotel New Star 2 Br. 160 Vizbegovo, 1000 Skopje Tel. +389 2 260 0333 Email: newstar@newstar.com.mk Website: http://www.newstar.com.mk/
Details of hotel for the UWW Bureau Coordonnées hôtel pour le Bureau UWW	Park Hotel & SPA 1732 Street 4 1000 Skopje Tel: +389 2 551 51 51 Email: parkhotel@parkhotel.mk Website: www.parkhotel.mk
Accommodation fee per day and per person Taxe de séjour par jour et par personne	CHF 140.-
Fee per day for extra person Taxe par jour pour personne supplémentaire	CHF 150.-
Details of the accreditation place Coordonnées lieu accréditation	Continental Hotel, Aleksandar Makedonski 2, 1000 Skopje
Organizer's bank details Coordonnées bancaires de l'organisateur	To be requested to the organizer A demander à l'organisateur

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SKOPJE (MKD), 28-30.09.2018

PROGRAM / PROGRAMME		
Tuesday / Mardi 25.09.2018		Arrival of the referees Arrivée des arbitres
Wednesday / Mercredi 26.09.2018	09.00-18.00	Referees' course – Level 1 and 2 Stage pour arbitres – niveau 1 et 2
		Arrival of the delegations Arrivée des délégations
Thursday / Jeudi 27.09.2018	09.00-17.00	Referees' course – Level 1 and 2 Stage pour arbitres – niveau 1 et 2
	Till 12.00	Final entries for Division B and E Inscriptions définitives pour Division B et E
	15.00-15.30	Technical conference – all teams Conférence technique – toutes les équipes
	15.30	Draw Division B and E Tirage au sort Division B et E
	17.00-18.00	Referees' consultation Consultation des arbitres
Friday / Vendredi 28.09.2018	08.30-09.00	Medical examination and Weigh-in Division B and E Examen médical et pesée Division B et E
	10.30-15.30	Qualification rounds and repechage Division B and E Tours éliminatoires et repêchages Division B et E
	Till 12.00	Final entries for Division C and D Inscriptions définitives pour Division C et D
	15.30	Draw Division C and D Tirage au sort Division C et D
	17.30-18.00	Opening ceremony Cérémonie d'ouverture
	18.00-21.00	Finals Division B and E Finales Division B et E Award ceremonies / Cérémonies protocolaires
Saturday / Samedi 29.09.2018	08.30-09.00	Medical examination and Weigh-in Division C and D Examen médical et pesée Division C et D
	10.30-15.30	Qualification rounds and repechage Division C and D Tours éliminatoires et repêchages Division C et D
	Till 12.00	Final entries for Division A Inscriptions définitives pour Division A
	15.30	Draw Division A Tirage au sort Division A
	18.00-21.00	Finals Division C and D Finales Division C et D Award ceremonies / Cérémonies protocolaires
Sunday / Dimanche 30.09.2018	08.30-09.00	Medical examination and Weigh-in Division A Examen médical et pesée Division A
	10.30-14.30	Qualification rounds and repechage Division A Tours éliminatoires et repêchages Division A
	18.00-20.00	Finales Division A Finals matches Division A Award ceremonies / Cérémonies protocolaires
	20.30	Official Banquet Banquet final
Monday / Lundi 01.10.2018		Departure of delegation Départ des Délégations



VETERAN MEDICAL CERTIFICATE

Article 5.1 of the General Regulations for the World Championships Veteran provides:

“Each wrestler shall pass a medical examination in his own country, one week before the competition start date. A UWW Veteran Medical Certificate should be filled and signed by a certified doctor. This form must be delivered to UWW doctor of the competition at the pre-weighing medical examination”.

UWW EVENT

Competitions:

Place / Date:

WRESTLER

Surname: First Name:

Date of Birth (Day/Month/Year): / / Sex: Male Female

Nationality:

Address:

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E-mail: Phone Number:

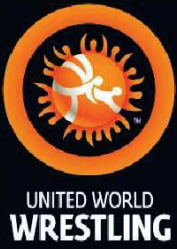
MEDICAL ASSESSMENT SUMMARIES

1. General Examination:

A- Medical History:

Normal Abnormal - Please specify:

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VETERAN MEDICAL CERTIFICATE

B- Routine Lab Tests:

Hemoglobin, Hematocrit, Erythrocytes, Thrombocytes, Leukocytes, C-reactive Protein, Glucose, Creatinine, Uric Acid, Triglycerides, Cholesterol (total, LDL, HDL), Creatine phosphokinase, Sodium, Potassium, Calcium, Phosphor, Urine Analysis

Normal Abnormal - Please specify:

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C- Skin Inspection:

Normal Abnormal - Please specify:

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D- General Health:

Normal Eligible to wrestle with considerations Non-eligible to compete

Please specify:

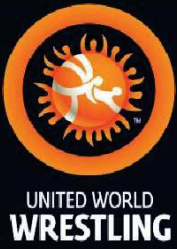
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Examining Doctor:

Surname & Name: Date:

Address:

Signature:



VETERAN MEDICAL CERTIFICATE

2. Cardiovascular Examination

Physical examination, Chest x-ray, Heart rate & rhythm, Blood pressure, Electrocardiography, Echocardiography

- Normal Eligible to wrestle with considerations Non-eligible to compete

Please specify:

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Examining Doctor:

Surname & Name: Date:

Address:

Signature:

3. Orthopedic Examination

Spine (cervical, thoracic, lumbar), Shoulder, Arm, Elbow, Forearm, Wrist, Hand, Fingers, Hip, Thigh, Knee, Lower leg, Ankle & Foot

- Normal Eligible to wrestle with considerations Non-eligible to compete

Please specify:

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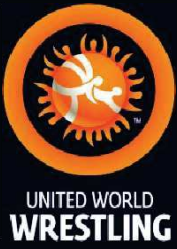
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Examining Doctor:

Surname & Name: Date:

Address:

Signature:



VETERAN MEDICAL CERTIFICATE

Medical Certification

I certify that this wrestler:

- Has no apparent contraindication to practice wrestling at competitive level.
- Is not recommended to practice wrestling at competitive level.

Normal Eligible to wrestle with considerations Non-eligible to compete - Please specify:

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Certifying Doctor:

Surname & Name: Date:

Medical Registration Number:

Address:

Phone Number: Fax Number:

E-mail:

Signature & Stamp:

UWW Doctor Approval

- Medical Certificate Approved.
- Medical Certificate is not approved.

Surname & Name: Date:

Signature: