

**VETERAN WORLD CHAMPIONSHIPS (GR)
CHAMPIONNATS DU MONDE VETERAN (GR)**

PERM (RUS), 05-07.10.2018

SPECIFIC INFORMATION / INFORMATIONS SPECIFIQUES

Details of the organising Federation Coordonnées de la Fédération organisatrice	Russian Wrestling Federation 8 Louzhnetskaya Nab., Office 404, 119991 Moscow Tel: +7 499 255 2101 Fax: +7 499 255 2101 Email: RUS@united-world-wrestling.org
Host broadcaster Radiodiffuseur hôte	VGTRK – Perm
Details of competition venue Coordonnées salle de compétition	UDS “Molot”, Perm, 13 Lebedev Street, Perm
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	GR (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	05 August 2018 05 août 2018
Deadline for the final entries Délai inscriptions nominatives	05 September 2018 05 septembre 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	Perm International Airport Aéroport International de Perm
Details of hotel for the teams Coordonnées hôtel pour les équipes	URAL Hotel 58 Lenin Street, 641000 Perm Tel: +7 342 218 62 62 Email: ural-hotel@permtourist.ru Website: www.hotel-ural.com AMAKS Hotel 43 Monastyrskaya str. 614990 Perm Tel: +7 342 220 60 50 Email: perm@amaks-hotels.ru Website: www.perm.amaks-hotel.ru
Details of hotel for the referees Coordonnées hôtel pour les arbitres	URAL Hotel 58 Lenin Street, 641000 Perm Tel: +7 342 218 62 62 Email: ural-hotel@permtourist.ru Website: www.hotel-ural.com
Details of hotel for the UWW Bureau Coordonnées hôtel pour le Bureau UWW	Hilton Garden Inn 45 B Mira Street 614022 Perm Tel: +7 342 227 67 87 Email: hotel@hgip.ru
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 160.-
Details of the accreditation place Coordonnées lieu accréditation	URAL Hotel 58 Lenin Street, 641000 Perm Tel: +7 342 218 62 62 Email: ural-hotel@permtourist.ru Website: www.hotel-ural.com
Organizer's bank details Coordonnées bancaires de l'organisateur	To be requested to the organizer A demander à l'organisateur

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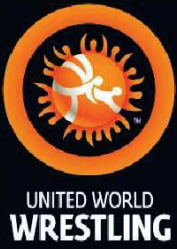
PROGRAM / PROGRAMME		
Tuesday / Mardi 02.10.2018		Arrival of the referees Arrivée des arbitres
Wednesday / Mercredi 03.10.2018	09.00-18.00	Referees' course – Level 1 and 2 Stage pour arbitres – niveau 1 et 2
		Arrival of the delegations Arrivée des délégations
Thursday / Jeudi 04.10.2018	09.00-17.00	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 05.10.2018	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 06.10.2018	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 07.10.2018	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 08.10.2018		Departure of delegation Départ des Délégations

World Championship for GR Wrestling among Veterans
Perm city – Russia / 3-8 October 2018

TABLE FOR VISAS SUPPORT

№	Full name as in passport	Date of Birth	Gender	Citizenship	Passport number	Expiration date	Status during the event

To be submitted by email to : wwc2018@gmail.com, lgd007@mail.ru and rus_wrestling@mail.ru



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:

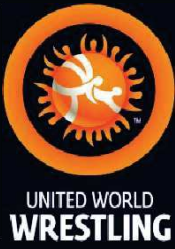
MEDICAL ASSESSMENT SUMMARIES

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:

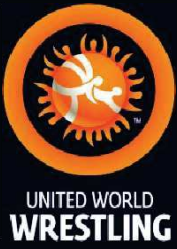
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Examining Doctor:

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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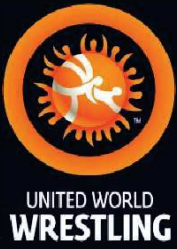
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Examining Doctor:

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: