



**2008 EUROPEAN MASTERS WEIGHTLIFTING CHAMPIONSHIP**  
**Bohumin, Czech. Republic - 17<sup>th</sup> – 24<sup>th</sup> May 2008**  
**(18<sup>th</sup> Men's and 16<sup>th</sup> Women's - Registered for Drug Testing)**

**ORGANISER/ENTRY DETAILS**

**RETURN ENTRY TO**

**Mr. Karel Prohl**  
CSA 1072  
735 81  
Bohumin  
Czech Republic  
Fax: +420 597 082 813  
Email: [europeanmasters@weightlifting.cz](mailto:europeanmasters@weightlifting.cz)  
Web: [www.weightlifting.cz](http://www.weightlifting.cz)

**FEES (EUROS only)**

**Competition** €70  
**Banquet** €25  
**Fees are not refundable.**

**VENUE**

**Zimni Stadion Janackova 1218**  
**735 81 Bohumin**

**ENTRY DEADLINE**

**15<sup>th</sup> February 2008** (Postmarked no later than the 8<sup>th</sup> February 2008). No late entries or incomplete entries will be accepted.

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

**NAME OF ACCOUNT HOLDER -** o.s. Bonatrans Bohumin  
**BANK NAME** Ceska sporitelna  
**BANK ADDRESS** Tr. Eduarda Benese 1124, 735 88 Bohumin, Czech Republic  
**BANK CODE (e.g. Swift)** SWIFT GIBACZPX  
**BANK ACCOUNT NUMBER** 1792018253/0800  
**IBAN No.** CZ18 0800 0000 0017 9201 8253

**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 the 17th May – 24th May 2008 at Bohumin, CZECH REP.** 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 2008 European Masters Weightlifting Championships Organiser (hereafter referred to as the “**Organiser**”), the European Masters Commttee.(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 Anti Doping Policies in Section 15. (DRUG TESTING WILL BE DONE AT ALL EUROPEAN MASTERS WEIGHTLIFTING CHAMPIONSHIPS)**

**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)** \_\_\_\_\_

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 2008) \_\_\_\_\_

<b>AGE GROUP</b> _____	<b>BODY WEIGHT CATEGORY</b> _____ kg
<b>Best total between 1<sup>st</sup> June 2007 and 1<sup>st</sup> February 2008</b> _____ kg	
<b>Male</b> _____	<b>Female</b> _____

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

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

The above competitor's details are certified by –

National Chairman \_\_\_\_\_

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

<b>Financial Statement (for this competitor)</b>		
<b>ENTRY FEE</b>	<b>€70</b>	<b>€70</b>
<b>CLOSING BANQUET</b>	<b>(€25 per person)</b> <b>€25 x _____</b>	<b>€</b>
	<b>Total fees</b>	<b>€</b>
<b>Competitor's signature</b> _____		



## 2008 EUROPEAN MASTERS WEIGHTLIFTING CHAMPIONSHIPS

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

Age Group						
1	35-39	1969-73		6	60-64	1944-48
2	40-44	1964-68		7	65-69	1939-43
3	45-49	1959-63		8	70-74	1934-38
4	50-54	1954-58		9	75-79	1929-33
5	55-59	1949-53		10	80-80+	- 1928

### Bodyweight Categories

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

### Table of Qualifying Totals (men)

Age group	240 SMM points			230 SMM points			220 SMM points			80 & above
	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	
Category										
56 kg	137	130	125	115	102	92	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)

### 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
Category							
48 kg	70	65	62	60	55	52	50
53 kg	72	70	65	62	57	55	52
58 kg	77	72	70	65	62	57	55
63 kg	80	75	72	70	65	60	57
69 kg	85	80	75	72	67	62	60
75 kg	87	82	77	75	70	65	62
+75 kg	95	90	85	82	77	67	65

• Minimum weight allowed = 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 \_\_\_\_\_

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

Signature \_\_\_\_\_

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

