

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

TBILISI (GEO), 08-13.10.2019

SPECIFIC INFORMATION / INFORMATIONS SPECIFIQUES	
Details of the organising Federation Coordonnées de la Fédération organisatrice	Georgian Wrestling Federation 49 A.I. Chavchavadze Avenue GE - 0162 Tbilisi Tel: +995 32 2 293895, +995 599 20 56 53 Email: GEO@unitedworldwrestling.org
Details of competition venue Coordonnées salle de compétition	Tbilisi Sports Palace 1 Twentysix May Square, Tbilisi
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 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 final entries Délai inscriptions nominatives	08 September 2019 08 septembre 2019
Referee's category Catégories d'arbitres	Category IS, I, II and III Catégorie IS, I, II and III
Referee's course type Type de stage pour arbitres	Level I and II
Reception of the teams Accueil des équipes	Tbilisi International Airport Aéroport international Shota-Rustaveli de Tbilissi
Details of hotel for the teams Coordonnées hôtel pour les équipes	Hotels and Preference Hualing Tbilisi Tbilisi Sea New City Tel: +995 322 50 50 25 Email: info@hotelspreference.ge Website: www.hotelspreference.com Dormitory Hotel Vazisubani 111 dist. 11 blok Jumbor Lejava No. 22 Tel. +995 2781359 Website: www.dormitory.ge Golden Palace 5th km of Agmashenebeli alley, Tbilisi Tel: +995 0322531100 Email: info@golden-palace.ge Website: www.Goldenpalacetbilisi.com
Details of hotel for the referees and the UWW Staff Coordonnées hôtel pour les arbitres et le Staff UWW	Hotels and Preference Hualing Tbilisi Tbilisi Sea New City Tel: +995 322 50 50 25 Email: info@hotelspreference.ge Website: www.hotelspreference.com
Details of hotel for the UWW Bureau Coordonnées hôtel pour le Bureau UWW	Marriott Tbilisi 13, Rustaveli Avenue 0108, Tbilisi Tel: +995 322779200 Fax: +995 322779210 Email: Tbilisi.Marriott@MarriottHotels.com Website: www.TbilisiMarriott.com
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 180.-
Details of the accreditation place Coordonnées lieu accréditation	Hotels and Preference Hualing Tbilisi Tbilisi Sea New City Tel: +995 322 50 50 25 Email: info@hotelspreference.ge Website: www.hotelspreference.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		
Saturday / Samedi 05.10.2019		Arrival of the referees Arrivée des arbitres
Sunday / Dimanche 06.10.2019	09.00-18.00	Referees' course – Level 1 Stage pour arbitres – niveau 1
		Arrival of the delegations Arrivée des délégations
Monday / Lundi 07.10.2019	09.00-17.00	Referees' course – Level 1 Stage pour arbitres – niveau 1
	15.00-15.30	Technical conference – all teams Conférence technique – toutes les équipes
	15.30	Draw GR - Division B and E Tirage au sort GR - Division B et E
	17.00-18.00	Referees' consultation Consultation des arbitres
Tuesday / Mardi 08.10.2019	08.30-09.00	Medical examination and Weigh-in GR - Division B and E Examen médical et pesée GR - Division B et E
	10.30-15.30	Qualification rounds and repechage GR - Division B and E Tours éliminatoires et repêchages GR - Division B et E
	15.45	Draw GR - Division C and D Tirage au sort GR - Division C et D
	17.30-18.00	Opening ceremony Cérémonie d'ouverture
	18.00-21.00	Finals GR - Division B and E Finales GR - Division B et E Award ceremonies / Cérémonies protocolaires
Wednesday / Mercredi 09.10.2019	08.30-09.00	Medical examination and Weigh-in GR - Division C and D Examen médical et pesée GR - Division C et D
	10.30-15.30	Qualification rounds and repechage GR - Division C and D Tours éliminatoires et repêchages GR - Division C et D
	15.45	Draw GR - Division A Tirage au sort GR - Division A
	18.00-21.00	Finals Division GR - C and D Finales Division GR - C et D Award ceremonies / Cérémonies protocolaires
Thursday / Jeudi 10.10.2019	08.30-09.00	Medical examination and Weigh-in GR - Division A Examen médical et pesée GR - Division A
	10.30-14.30	Qualification rounds and repechage GR - Division A Tours éliminatoires et repêchages GR - Division A
	14.45	Draw FS - Division B and E Tirage au sort Division LL - B et E
	18.00-20.00	Finales GR - Division A Finales matches GR - Division A Award ceremonies / Cérémonies protocolaires
Friday / Vendredi 11.10.2019	08.30-09.00	Medical examination and Weigh-in FS - Division B and E Examen médical et pesée LL - Division B et E
	10.30-15.30	Qualification rounds and repechage FS - Division B and E Tours éliminatoires et repêchages LL - Division B et E
	15.45	Draw FS - Division C and D Tirage au sort LL - Division C et D
	18.00-21.00	Finals FS - Division B and E Finales LL - Division B et E Award ceremonies / Cérémonies protocolaires
Saturday / Samedi 12.10.2019	08.30-09.00	Medical examination and Weigh-in FS - Division C and D Examen médical et pesée LL - Division C et D
	10.30-15.30	Qualification rounds and repechage FS - Division C and D Tours éliminatoires et repêchages LL - Division C et D
	15.45	Draw FS - Division A Tirage au sort LL - Division A

	18.00-21.00	Finals FS - Division C and D Finales LL - Division C et D Award ceremonies / Cérémonies protocolaires
Sunday / Dimanche 13.10.2019	08.30-09.00	Medical examination and Weigh-in FS - Division A Examen médical et pesée LL - Division A
	10.30-14.30	Qualification rounds and repechage FS - Division A Tours éliminatoires et repêchages LL - Division A
	18.00-20.00	Finales FS - Division A Finals matches LL - Division A Award ceremonies / Cérémonies protocolaires
	20.30	Official Banquet Banquet final
Monday / Lundi 14.10.2019		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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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: