

### Entry form



WMA championships  
October 26-November 6. 2016 Perth, AUS



Athlete       Companion

SURNAME																															
FIRST NAME																															
GENDER (M/F)																															
NATIONALITY																															
ADDRESS																															
ZIP CODE																CITY															
COUNTRY																															
TELEPHONE																															
E-MAIL																															
CLUB																															

DATE OF BIRTH      DAY      MONTH      YEAR

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AGE ON OCTOBER 26TH 2016	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
WOMEN													
MEN													

EVENTS (PUT AN "X" BESIDE EVENTS ENTERED)	"X"	BEST PERFORMANCE IN 2015-16 (COMPULSORY)
100m		
200m		
400m		
800m		
1500m		
5000m		
10000m		
Short hurdles		
Long hurdles		
2000/3000 steeplechase		
5000m track race walk		
8km cross country		
half marathon		
marathon (NB. max. 6 hours)		
10km road race walk		
20km road race walk		
high jump		
pole vault		
long jump		
triple jump		
shot put		
weight throw		
discus throw		
hammer throw		
javelin throw		
throws pentathlon		
decathlon/heptathlon		
pentathlon		

Are you taking any medication which may require a Therapeutic Use Exemption (TUE) certificate?

Yes/No	
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**Disclaimer Clause**

I hereby declare that I am in good health and will be properly conditioned for the events I have entered. I relieve World Masters Athletics, the Local Organizing Committee, IAAF, all Officials, Judges, Volunteers and other technical representatives and medical personnel of any responsibility for any injury, loss or damage to me or my property which I may sustain in the course of or in connection with these championships. I authorize the use of my name, voice or picture and any information on this entry form to be used without payment to me in any broadcast, telecast, promotion or advertising or in any way related to this championship'.

**DRUG TESTING AND DISCLAIMER  
CONSENT**

I, being a competitor of 22th WMA World Athletics Championships in Perth, acknowledge that Drug Testing will be conducted under the WMA/IAAF Anti-Doping Rules and Regulations and hereby give my consent to be subject to any drug testing requirements at the said Championships'.

NOTE: If selected for drug testing Competitors must declare any/all medications being used by them on the doping control form. Any athlete using a prohibited substance as defined in the Regulations, must apply for an exemption (TUE) to the WMA Anti-Doping and Medical Committee. If an exemption is refused the prohibited substance(s) concerned may not be used and should you be selected for testing and the test proves positive this may result in a suspension. Please note that no other medical certificate(s) will be accepted in substitution for a TUE certificate. If you are granted a TUE exemption certificate, this must be with you at all times along with proof of identification, and must be produced at the Doping Control Centre if you are selected for a drug test. Details of prohibited substances and all Anti-Doping procedures are available on the IAAF ([www.iaaf.org](http://www.iaaf.org)) website, the WMA ([www.world-masters-athletics.org](http://www.world-masters-athletics.org)) website and your IAAF affiliated Federation.

**PAYMENTS**

Participants must send this entry form and entry fees to their national masters athletics association/WMA affiliate. (Paper entries)  
National Masters Affiliates must validate all paper entries or data in the online system.

**AGREEMENT FOR USE OF ENTRY DATA AND  
MEDICAL DATA IN DATABASE**

Database, to be used by WMA to provide me with my unique masters Registration card as in the entry guidelines and for emergency medical treatment, as well as to contact me through WMA, the Regional Association or the LOC for these championships only. Further I authorise the LOC and the online registration service provider to provide any or all of my registration information to WMA.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATHLETE'S SIGNATURE

Participants must send this entry form and entr

**CLOSING DATE FOR ALL ENTRIES 25 August, 2016**

**CERTIFICATION OR STAMP OF NATIONAL BODY**

DATE

SIGNATURE

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