



The 1st European Para Taekwondo Championships Moscow

September 26, 2011





The 1st European Para Taekwondo Championships Moscow

September 26, 2011



1st EUROPEAN PARA-TAEKWONDO CHAMPIONSHIPS (OUTLINE & INVITATION)

1. PROMOTER: EUROPEAN TAEKWONDO UNION

ADDRESS:	Tulpstraat 49a, P.O. Box 37 7570 AA Oldenzaal, The Netherlands
TELEPHONE:	0031541/536358
FAX:	0031541/536958
E-MAIL:	etu.sec-gen@wxs.nl
WEB-SITE:	WWW.ETUTAEKWONDO.ORG

2. ORGANIZING NATIONAL ASSOCIATION: RUSSIAN TAEKWONDO (WTF) UNION (RTU)

ADDRESS:	Office 428A, 8 Luzhnetskaya Embankment, Moscow 119992, Russia
TELEPHONE:	+7 495 637 06 28
FAX:	+7 495 725 47 08
E-MAIL:	tkd@roc.ru
WEB-SITE:	

ORGANIZING COMMITTEE: RUSSIAN FEDERATION OF TAEKWONDO FOR THE DISABLED

ADDRESS:	10A Dnepropetrovskaya str., Moscow 117525, Russia
TELEPHONE:	+7 495 637 06 28
FAX:	+7 495 725 47 08
E-MAIL:	paratkdrus@mail.ru
WEB-SITE:	

3. **DATE:** SEPTEMBER 26, 2011
4. **VENUE:** Moscow Sport Centre of Martial Arts
10A Dnepropetrovskaya Street, Moscow, Russia

5. QUALIFICATIONS

In accordance with Article 4: *Qualification of Contestant* of the WTF Competition Rules, the contestant must be:

CRITERION	Holder of the nationality of the participating team
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#1: CRITERION	One recommended by the National Taekwondo Association
#2: CRITERION	Holder of Keup (3 rd Keup or higher) or Kukkiwon Dan certificate aged 15 and above, based on the year of 2011, i.e. contestants born on and after January 1, 1996.*
#3:	

* For the promotion of para-taekwondo activities, the WTF will permit contestants who only hold red belts and above (3rd, 2nd, 1st Keup), upon recommendation of the pertinent National Taekwondo Association in addition to the Kukkiwon dan certificate holders. A copy of the Dan / Poom or Keup certificate must be enclosed for registration of accreditation. Contestants without accreditation will not be allowed to participate. In case a contestant has applied for a Kukkiwon Dan certificate but has not received it yet, a copy of the Dan application form and the remittance certificate sent to the Kukkiwon must be enclosed when registering for accreditation. Please refer to the Kukkiwon Web site (www.kukkiwon.or.kr) for more information.

6. COMPETITION RULES

The WTF Competition Rules shall apply, with two major modifications. Please refer to the following modifications to the WTF Competition Rules:

i. MODIFICATION #1:

The four (4) classifications described above will be combined into two (2) classifications. Therefore, contestants will be classified as follows:

CLASSIFICATION A5-6: Amputation above Elbow(s)	
A5: Amputation of both limbs above the elbows	A6: Amputation of one limb above the elbow

CLASSIFICATION A7-8: Amputation below Elbow(s)	
A7: Amputation of both limbs below the elbows	A8: Amputation of one limb below the elbow

ii. MODIFICATION #2 (SAFETY RULES):

- A. Attack on the head is prohibited. The referee will penalize the athlete for this case.
- B. Duration of contest will be 1 minute three rounds with one minute break between rounds.

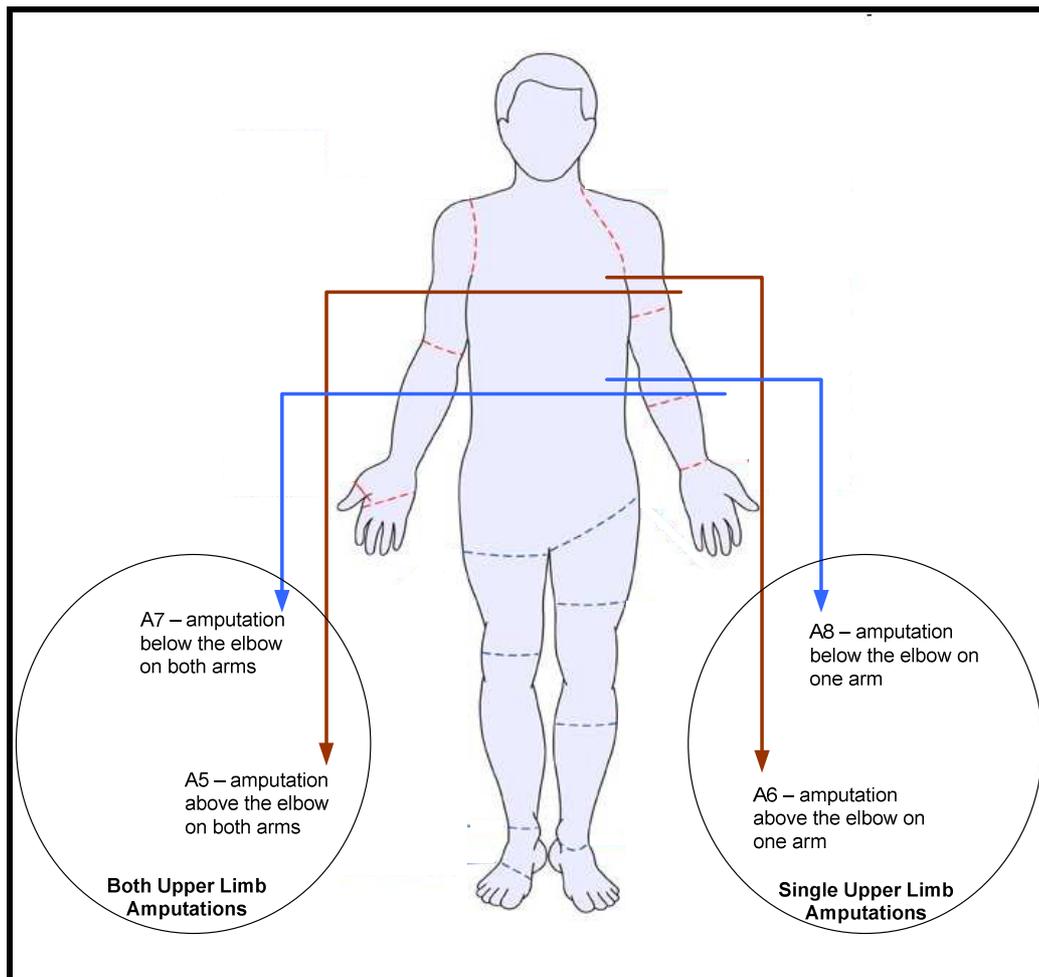


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- C. The referee can decide the winner by RSC (Referee Stop Contest) in case of significant difference of techniques between two athletes.
- D. Weight division may be modified as per section 8 below



The classifications of A5, A6, A7, and A8 are IPC-designated classifications. The ETU Medical Committee Chairman shall be the official classifier for the ETU Para-Taekwondo Championships.

7. METHOD OF COMPETITION

A single elimination tournament system shall apply.



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8. WEIGHT DIVISIONS

The Olympic weight divisions shall apply as follows:

MEN	WOMEN
Not exceeding 58kg	Not exceeding 49kg
Over 58kg & not exceeding 68kg	Over 49kg & not exceeding 57kg
Over 68kg & not exceeding 80kg	Over 57kg & not exceeding 67kg
Over 80kg	Over 67kg

* Weight divisions may be adjusted according to the number of participating athletes per each division.

9. TEAM ENTRIES

TEAM POSITION	MALE TEAM	FEMALE TEAM
HEAD OF TEAM:	1	
MANAGER:	1	1
COACH:	1	1
TRAINER:	1	1
TEAM DOCTOR:	1	1
CONTESTANTS:	16	16

* Every national taekwondo association is permitted to enter no more than one (1) contestant per weight division per classification. Therefore, the maximum number of entries per national taekwondo association is:

Weight Divisions (8) x Classifications (4) = 32

10. CLASSIFICATION OF RESULTS

i. Individual Awards

Medals and diplomas will be awarded to the top four athletes in the respective classifications and weight divisions of the pertinent championships. All participants will receive certificates of participation from the organizing committee:





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1 st PLACE : 2 nd PLACE : 3 rd PLACE :	GOLD MEDAL & DIPLOMA
	SILVER MEDAL & DIPLOMA
	BRONZE MEDAL & DIPLOMA
	BRONZE MEDAL & DIPLOMA

ii. Team Awards

Based on the point system below, the top five (5) teams of the Men's division and the top five (5) teams of the Women's division will receive trophies:

RATIONALE	NO. OF POINTS AWARDED
For every contestant who passed the official weigh-in:	1
For every win (including byes):	1
For every Gold Medal:	7
For every Silver Medal:	3
For every Bronze Medal:	1

iii Other Prizes

Other prizes, such as the "Good Fighting Spirit Prizes", "Active Participation Prizes," and male and female MVPs may be awarded.

11. CONDITIONS FOR PARTICIPATION

i. Airfares

Organizing Committee will cover the airfare for athletes, coaches and doctors (except Head of Team, Team





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- Manager, and Team Trainers).
- ii. Accommodation
 - Organizing Committee will cover accommodation of room and board for athletes and coaches and doctors (except Head of Team, Team Manager, and Team Trainers).
 - **Check-in: September 25 (Sun) 2:00PM / Check-out: September 28 (Wed) 12:00 noon**
 - Accommodation of room and board for the other members of national teams such as Head of Team, Team Manager, Team Trainer, should be covered by the national team.
 - iii. Entry Fees
 - US\$300 per team (male and female team respectively) shall be paid during the registration.

12. INTERNATIONAL REFEREES

- Necessary number of IRs will be appointed and invited by the European Taekwondo Union at the approval of the WTF of the list of IRs recommended by the ETU. The following conditions shall apply:
- ii. The Organizing Committee will reimburse the expenses for roundtrip airfare International Referees.
 - iii. The Organizing Committee shall pay for the expenses for three (3) nights' stay of room and board.
 - **Check-in: September 24 (Saturday) 2:00PM / Check-out: September 27 (Tuesday) 12:00 noon**
 - iv. The Organizing Committee shall pay a per diem of €100 to the International Referees who will officiate in the one-day European Para-Taekwondo Championships.

13. TECHNICAL DELEGATE AND COMPETITION SUPERVISORY BOARD

- The WTF will appoint the Technical Delegate (TD) and the members of the Competition Supervisory Board (CSB) will be appointed by the ETU upon consultation with the WTF. The following conditions shall apply:
- i. The Organizing Committee shall pay for the expenses of room and board for the Technical Delegate and the Competition Supervisory Board members for three (3) nights' stay (Check-in: September 24 / Check-out: September 27).
 - ii. The Organizing Committee shall pay a per diem of €100 to the Technical Delegate and the members of the Competition Supervisory Board for the one-day European Para-Taekwondo Championships.
 - iii. Airfare of the Technical Delegate will be paid by the OC while those of Competition Supervisory Board are to be paid by themselves.

14. WTF-RECOGNIZED TAEKWONDO UNIFORM (DOBOK) AND PROTECTIVE EQUIPMENT

- i. Participating contestants are required to wear WTF-recognized *doboks* and WTF-recognized protective equipment. The updated list of WTF-recognized products can be found at the WTF website.



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- ii. The Organizing Committee will provide head protector, Electronic Body Protector for the participating contestants. Participating contestants are required to bring along their own groin guards, mouthpieces, gloves and shin and forearm guards, Daedo sensing socks for their personal use.
- iii. Before entering the field of play, all contestants will proceed to the inspection desk for inspection of their *doboks* and protective equipment. Any contestant who wears unofficial *doboks* or protective equipment will not be permitted to compete.

15. MEDICAL CONTROL

- i. The WTF Anti-Doping Rules, and where necessary the Code of the World Anti-Doping Agency, shall apply throughout the competitions.
- ii. The WTF or any other anti-doping organization authorized by the WTF may carry out random out-of-competition testing prior to the championships.
- iii. Any contestant who requires TUE is required to submit the TUE Application Form (**Appendix 2**) to sport@wtf.org by no later than 21 days before the championships.

Therefore, the WTF must receive all TUE application forms by no later than September 05, 2011. Late entries will not be accepted.

16. WEIGH-IN

- i. Weigh-in for contestants of all weight divisions and classifications shall be completed one (1) day before the championships. Therefore, the weigh-in for the European Para-Taekwondo Championships will be held on September 25, 2011 (Katerina Park Hotel).
- ii. During the weigh-in, male contestants shall wear underpants and female contestants shall wear underpants and brassieres. Contestants may also choose to conduct the weigh-in without any clothing on.

17. HEAD OF TEAM MEETING & DRAWING OF LOTS SESSION

- i. The head of team meeting and the drawing of lots session shall be conducted one (1) day prior to the start of the championships, in the presence of the ETU officials and the representatives of the participating nations. The drawing of lots shall be done in an ascending order of the weight divisions (i.e. from the lightest to the heaviest weight divisions).
- ii. Depending on the decision of the Technical Delegate, WTF officials or Organizing Committee volunteers could be designated to draw lots on behalf of the officials of the participating nations who are not present at the time of the lot drawing session.

18. INDEMNITIES





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- i. The respective national taekwondo associations shall be responsible for ensuring that their participants have validly completed and signed the official participation forms, thus indemnifying the organizers, its officials and other contestants from any claims of injuries, losses, fatalities or otherwise arising in the course of participation in this championships or any activities thereto.
- ii. The respective national taekwondo associations shall be responsible for ensuring that all officials and participants are covered with effective insurance coverage.
- iii. Participants without proper participation entry forms and effective insurance coverage will not be allowed to compete at the championships.
- iv. The Organizing Committee will acquire general insurance, at its own expenses, for the contestants and staffs, in the event of any injury that may arise during the course of the championships.

19. NATIONAL FLAG AND ANTHEM

Every participating national taekwondo association is required to bring along the following items for use at the Opening and/or Closing ceremonies:

- i. Two (2) IOC-recognized national flags
 - Size: 90cm x 130cm
- ii. Cassette tape or CD of the pertinent IOC-recognized national anthem

20. CLOSING DATE FOR ENTRIES

Full entry forms (Appendix 1-1 ~ 1-7) should be submitted to the Organizing Committee by **September 20, 2011**. Verification of the athlete's eligibility (Appendix 1-4) should be made before the entry deadline.

21. Accommodation

- Organizing Committee will cover accommodation of room and board, air tickets for athletes and coaches and doctors for the period between September 25 (check-in: 2pm) to 28 (check-out: 12:00 noon), 2011.

- Accommodation of room and board for the other members of national teams except athletes, coaches, and doctors such as Head of Team, Team Manager, Team Trainer should be covered by the national team.

National teams are requested to send a letter to the OC with the number of required rooms being clearly mentioned before

September 10, 2011.

The hotel for participants and guests is Katerina Park Hotel

<http://www.katerinahotels.com>



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22. PAYMENT

All payments should be paid to the Organizing Committee at once in cash at the time of registration upon their arrival.

23. Local Transportation

Local transportation from and to the airport, hotels and competition venue in Moscow will be provided by the Organizing Committee to the athletes and officials who booked their rooms at the official hotel designated by the Organizing Committee. National teams are requested to fill out the attached forms and send them back to the Organizing Committee by no later than **September 20, 2011**.

24. Visa

All entry visas into Russia are dealt with on a case-by-case basis and the outcome is dependent upon the information supplied by the applicants. Participating teams should ensure that they visit www.mid.ru where contact details of all Russian visas issuing offices outside Russia and further information can be found.

The following information will be critical to the success of the visa application and the following info should be clearly mentioned in the entry forms.

- Applicant's full name and position in the team
- Passport details (number, date of birth, dates of issuance and expiration)

The Organizing Committee can facilitate visa applications if full entry forms are submitted to the Organizing Committee with the above information. Information should be sent by email: paratkdrus@mail.ru

The closing date for visa applications is **September 15 , 2011**.

25. SCHEDULE OF EVENTS (Subject to change)



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DATE	Time	Event	Place
September 25 (Sun)	09:00 – 18:00	Arrivals of teams Registration of participating teams	Hotel Katerina Park
	09:00 – 18:00	Referee Meeting & Training	Hotel Katerina Park
	14:00 – 17:00	Head of Team Meeting & drawing lots Confirmation of classification by ETU Medical Chair	Hotel Katerina Park Hotel Katerina Park
	17:00- 19:00	Weigh-in for all participants	Hotel Katerina Park
September 26 (Mon)	09:00 – 12:00	Competition (Preliminary)	Moscow Center of Martial Arts
	12:00 – 14:00	Lunch	
	14:00 – 16:00	Competition (Preliminary)	
	16:00 – 17:30	Opening ceremony of the 1st European Para-Taekwondo Championships 2011	
	17:30-- 19:00	Competition (Semi-finals & finals)	
September 27 (Tue)	10:00 – 13:00	OC provides at its expenses the sight seeing tour around Moscow (for all teams)	Red square, Winter Garden,
	13:00 – 14:00		Lunch
	14:00 – 19:00		River Boat Trip Dinner
September 28 (Wed)		Departure day (breakfast, lunch and dinner in the Hotel)	



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APPENDIX 1-1

APPLICATION FORM

To:

European Taekwondo Union
Tulpstraat 49a, P.O. Box 37 7570 AA Oldenzaal,
The Netherlands
Tel: 0031541536358, Fax: 0031541536958
E-mail: etu.sec-gen@wxs.nl
www.etutaekwondo.org

Copy to:

Organizing committee
10-A Dnepropetrovskaya str.
Moscow 117525, Russia
Tel: (7 495) 637 06 28, 311-53 - 22
Fax: (7 495) 725 47 08, 311 – 53 – 13
E-mail: paratkdrus@mail.ru

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Name of Association:			
Address:			
Telephone No:			
Fax No:			
E-mail:			
Position		No. of Persons	Remarks
Officials	Male team		
	Female team		
Contestants	Male team		
	Female team		
Others			
Total			

Name of President:

Signature of President:



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APPENDIX 1-2

LIST OF TEAM MEMBERS

<p>To: European Taekwondo Union Tulpstraat 49a, P.O. Box 37 7570 AA Oldenzaal, The Netherlands Tel: 0031541536358, Fax: 0031541536958 E-mail: etu.sec-gen@wxs.nl www.etutaekwondo.org</p>	<p>Copy to: Organizing committee 10-A Dnepropetrovskaya str. Moscow 117525, Russia Tel: (7 495) 637 06 28, 311-53 - 22 Fax: (7 495) 725 47 08, 311 – 53 - 13 E-mail: paratkdrus@mail.ru</p>
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Applying Member National Association:

OFFICIALS:

Position		Last Name	First Name	Date of birth (dd-mm-yy)
Head of Team	Male			
	Female			
Manager	Male			
	Female			
Coach	Male			
	Female			
Trainer	Male			
	Female			
Team Doctor	Male			
	Female			



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CONTESTANTS:

A-5/6 Division

Weight	Last Name	First Name	Date of birth (dd-mm-yy)	Kukkiwon Dan Certificate or Geup certificate
Male -58kg				
Male -68kg				
Male -80kg				
Male +80kg				
Female -49kg				
Female -57kg				
Female -67kg				
Female +67kg				

A-7/8 Division

Weight	Last Name	First Name	Date of birth (dd-mm-yy)	Kukkiwon Dan certificate or Geup certificate
Male -58kg				
Male -68kg				
Male -80kg				
Male +80kg				
Female -49kg				
Female -57kg				
Female -67kg				
Female +67kg				

REMARKS:

This entry to be sent back to the OC by no later than September 20, 2011

Please keep a copy for your own records.

Name of the President

Signature of the President



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APPENDIX 1-3

INDIVIDUAL ENTRY FORM FOR OFFICIALS

To:

European Taekwondo Union
Tulpstraat 49a, P.O. Box 37 7570 AA Oldenzaal, The Netherlands
Tel: 0031541536358, Fax: 0031541536958
E-mail: etu.sec-gen@wxs.nl
www.etutaekwondo.org

Copy to:

Organizing Committee
10-A Dnepropetrovskaya str.
Moscow 117525, Russia
Tel: (7 495) 637 06 28, 311-53 - 22
Fax: (7 495) 725 47 08, 311 - 53 - 13
E-mail: paratkdrus@mail.ru

Name of Association:					
Division (please mark 'x'):		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Position (please mark 'x'):					
Head of Team <input type="checkbox"/>		Manager <input type="checkbox"/>	Coach <input type="checkbox"/>	Trainer <input type="checkbox"/>	Team Doctor <input type="checkbox"/>
Family Name		Given Name (as in passport)		2 Photos	
Passport No.		Passport No. issuance/expiry date (dd-mm-yy)			
Date of Birth (dd-mm-yyyy)		Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Nationality					
Residential Mailing Address:					(Postal Code)
Home Tel. No.		Mobile No.			
Fax No.		E-mail Address			

Note: Please make enough copies to fill out the information of all participating athletes and send copies of the completed forms to the Organizing Committee by no later than September 20, 2011.



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APPENDIX 1-4

ENTRY FORM FOR VERIFICATION OF ATHLETE'S ELIGIBILITY

Please fill in your name (as shown in the passport) and other information.

ATHLETE INFORMATION			
Last Name:		First Name(s):	
Date of Birth:		Nationality:	
National Taekwondo Association:			

Please tick (☑) the appropriate box.

INFORMATION ON DISABILITY BY AMPUTATION		
Right Arm <input type="checkbox"/>	Left Arm <input type="checkbox"/>	Both Arms <input type="checkbox"/>

Please tick (☑) the appropriate box. You may tick on more than one box.

LEVEL OF AMPUTATION			
RIGHT ARM		LEFT ARM	
Finger	<input type="checkbox"/>	Finger	<input type="checkbox"/>
Hand	<input type="checkbox"/>	Hand	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	Wrist	<input type="checkbox"/>
Forearm	<input type="checkbox"/>	Forearm	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	Elbow	<input type="checkbox"/>
Arm	<input type="checkbox"/>	Arm	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>

MEDICAL DOCTOR INFORMATION			
I certify that the aforesaid medical information of the athlete is true.			
Last Name:		First Name(s):	
Specialty:		Tel No.:	
Fax No.:		E-mail:	
Signature:		Date:	

Please complete the form and send it via e-mail to ETU Medical Chair Dr. Paul Viscogliosi at paul.viscogliosi@9online.fr or by fax (+33 437 561 415) and OC. Verification of eligibility of athletes should be finished before the entry deadline.



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APPENDIX 1-5

INDIVIDUAL ENTRY FORM FOR ATHLETES

To:

European Taekwondo Union
Tulpstraat 49a, P.O. Box 37 7570 AA Oldenzaal, The Netherlands
Tel: 0031541536358, Fax: 0031541536958
E-mail: etu.sec-gen@wxs.nl
www.etutaekwondo.org

Copy to:

Organizing Committee
10-A Dnepropetrovskaya str.
Moscow 117525, Russia
E-mail: paratkdrus@mail.ru

Category	Division	<input type="checkbox"/> A-5/6	<input type="checkbox"/> A-7/8		
	Weight	<input type="checkbox"/> M -58	<input type="checkbox"/> M -68	<input type="checkbox"/> M -80	<input type="checkbox"/> M+80
		<input type="checkbox"/> W -49	<input type="checkbox"/> W -57	<input type="checkbox"/> W -67	<input type="checkbox"/> W+67
Gender	<input type="checkbox"/> Male	Name of Association			
	<input type="checkbox"/> Female				

(Name should be same as shown in the passport)

Family Name		Given Name		Photo
Passport No. Issuance date (dd/mm/yy) Expiry date (dd/mm/yy)		Nationality		
Date of Birth (Day Month Year)		Dan/Geup Certificate No. (a must)		
Height	cm	Weight	kg	
Residential Mailing Address				
Home Tel No.		Mobile Phone No.		
Fax No.		E-mail Address		

Note: Please make enough copies to fill out the information of all participating athletes and send copies of the completed forms to the Organizing Committee by no later than September 20, 2011.



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10A Dnepropetrovskaya str., Moscow 117525, Russia, tel: +7 495 637 06 28, fax: +7 495 725 47 08, e-mail: paratkdrus@mail.ru

APPENDIX 1-6

GROUP INDEMNITY

FEMALE / MALE TEAM

To: President of the Organizing Committee of the 1st European Para-Taekwondo Championships

LIABILITY DECLARATION

The Signer

President's Name			
Address			
Tel		Fax	
Name of National Association			

The signer is authorized to make this declaration and has confirmed by his/her signature that liability insurance has been acquired for the officials and competitors participating in the 1st European Para-Taekwondo Championships.

This insurance is liable for all damages of persons or belongings, and releases the Organizing Committee, the European Taekwondo Union, Russian Federation of Taekwondo for Disabled and Russian Taekwondo (WTF) Union from any liability or indemnity.

It is expressly confirmed that, in case of damages of persons or belongings, claims for compensation and demands whatsoever cannot be put forth to the Organizing Committee and the European Taekwondo Union.

Representative's Signature (with Association stamp)		Date:
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Please fill out and send this form to the Organizing Committee by email or fax by no later than 20/09/ 2011.





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10A Dnepropetrovskaya str., Moscow 117525, Russia, tel: +7 495 637 06 28, fax: +7 495 725 47 08, e-mail: paratkdrus@mail.ru

APPENDIX 2

THERAPEUTIC USE EXEMPTIONS (TUE)

Please complete all sections in capital letters or typing

Athlete Information

Surname: _____ Given Names: _____

Female Male Date of Birth (d/m/y) _____

Address: _____

City: _____ Country: _____ Postcode: _____

Tel.: _____ E-mail: _____

(with international code)

Sport: _____ Discipline/Position: _____

International or National Sport Organization: _____

Please mark the appropriate box:

- I am part of an International Federation Registered Testing Pool
- I am part of a National Anti-Doping Organization Testing Pool
- I am participating in an International Federation event for which a TUE granted pursuant to the International Federation's rules is required I- Name of the competition: _____
- None of the above

If athlete with disability, indicate disability: _____

2. Medical information

Diagnosis with sufficient medical information





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If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication

3. Medication details

Prohibited substance(s): Generic name	Dose	Route	Frequency
1.			
2.			
3.			

Intended duration of treatment: (Please tick appropriate box)	once only <input type="checkbox"/>	emergency <input type="checkbox"/>
	or duration (week/month): _____	

Have you submitted any previous TUE application:	yes <input type="checkbox"/>	no <input type="checkbox"/>
For which substance?	_____	
To whom?	_____	When? _____
Decision:	Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>

4. Medical practitioner's declaration





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10A Dnepropetrovskaya str., Moscow 117525, Russia, tel: +7 495 637 06 28, fax: +7 495 725 47 08, e-mail: paratkdrus@mail.ru

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name: _____

Medical specialty: _____

Address: _____

Tel.: _____

Fax: _____

Email: _____

Signature of Medical Practitioner: _____ Date: _____

5. Athlete's declaration

I, _____, certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or





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10A Dnepropetrovskaya str., Moscow 117525, Russia, tel: +7 495 637 06 28, fax: +7 495 725 47 08, e-mail: paratkdrus@mail.ru

CAS.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)

I, _____, certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA authorized staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorized staff that may have a right to this information under the provisions of the Code.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

Athlete's signature: _____ **Date:** _____

Parent's/Guardian's signature: _____ **Date:** _____

(if the athlete is a minor or has a disability preventing him/her to sign this form, a parent or





The 1st European Para Taekwondo Championships Moscow

September 26, 2011



10A Dnepropetrovskaya str., Moscow 117525, Russia, tel: +7 495 637 06 28, fax: +7 495 725 47 08, e-mail: paratkdrus@mail.ru

guardian shall sign together with or on behalf of the athlete)

6. Note:

Note 1	Diagnosis <i>Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application</i>
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Incomplete Applications will be returned and will need to be resubmitted.

Please submit the completed form to ETU Medical Chair Dr. Paul Viscogliosi at paul.viscogliosi@9online.fr, by no later than September 05, 2011, and keep a copy for your records.



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HOTEL RESERVATION FORM

APPENDIX 3

Participating nation: _____

Contact person and info: (name/ mobile phone no./ email address)

Total number of persons: _____

National teams are requested to send a letter to the Neva Tour with the number of required rooms being clearly mentioned before **September 10, 2011** to the following person

Email: paratkdrus@mail.ru

	SINGLE room	DOUBLE room
Hotel Katerina Park		

Number of Single Rooms : _____

Number of Double Rooms : _____

Triple rooms: _____ Only on special request.

Total Amount: Euro: _____

Above Room Rates (per room per night) include:

- *Accommodation includes breakfast*
- Transportation (Airport – Hotels – Stadium)
- All taxes and V.A.T.

** Please take note that names of the guests will not be required at this stage, just room numbers. Moscow is a major world attraction for culture, sport and business and, as such, there might not be hotel rooms to book especially when you book your rooms late.





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APPENDIX 4

TRAVEL SCHEDULE OF THE TEAM

- 1st European Para-Taekwondo Championships -

TO:

Organizing Committee

10 A Dnepropetrovskaya str., Moscow 117525, Russia Tel: (7 495) 637 06 28 Fax: (7 495) 725 47 08

E-mail: paratkdrus@mail.ru

Nation	
Total number of persons	
Number of officials	
Number of contestants	
Date of Arrival	
Time of Arrival	
City of Departure (to Moscow)	
Flight No.	
Date of Departure	
Time of Departure	
City of Arrival (from Moscow)	
Flight No.	

*Important Notice: This document must be returned to the Organizing Committee **NO LATER THAN 10.09. 2011**, to ensure appropriate transportation arrangements for your team.*

