UNITED WORLD WRESTLING

ANNUAL MEDICAL CERTIFICATE & WRESTLER'S DECLARATION

Issued for (Wrestler):

VALID FOR 2026-2027 (from 26.10.2026 to 31.12.2027)

FAMILY NAME				First name	
Date of Birth [1]				Nationality	
Wrestling Style		Weight cat.		National Fed.	

[1]: For minor athletes (as defined by each country's laws), this form shall be signed by a parent/guardian, thereby authorizing the athlete to compete in his/her age category, or in the direct upper age category when allowed by the UWW International Wrestling Rules.

I. Medical certificate

I, the undersigned, Doctor**,**

Name (family name, first name)			
Medical speciality			
Address		Email	

- certify that I have examined the Wrestler designated here above on……(*DD/MM/YYYY*) in accordance with the UWW Medical Regulations (art. 4 & 5).
- certify that this Wrestler has no medical contraindication to compete in the sport of Wrestling in any of the UWW sanctioned events on the official calendar, in any of the age categories he/she is allowed to by the UWW rules, as from the date of examination mentioned above;
- certify that the information provided in this certificate is accurate.

This certificate is done on request by the above-mentioned wrestler for the appropriate legal purposes.

Date, place, doctor's signature and stamp: ……

II. Wrestler's declaration

Pursuant to the *Regulations for the Issuance of the UWW Licence* , as a holder of a UWW License, I, the undersigned, undertake to:

a) Provide accurate personal information for the initial application and/or for each renewal of the Licence;
b) Comply with the obligations that result from the UWW Constitution, Code of Ethics and all regulations, including all UWW's past and forthcoming decisions and guidelines;
c) Only compete in Olympic and/or associated Wrestling styles events, and which are recognised or authorized by UWW or by any of its affiliated or associated members;
d) Compete with respect for my opponent and the Refereeing body, abide by the UWW Rules of Conducts and adhere to the principles of Fairplay;
e) Observe and comply with the UWW Anti-doping Regulations implementing the World Anti-Doping Code;
f) Acknowledge and comply, where applicable, with the UWW Policy on the Protection of the Female Category and any implementing regulations adopted by UWW;
g) Provide, where required, the information, documentation, samples and evidence necessary to determine eligibility for participation in a designated female category;
h) Understand that any eligibility verification process shall be conducted in accordance with privacy, safeguarding and data protection requirements;
i) Failure to satisfy the applicable eligibility requirements may prevent entry into the relevant female category.
j) In case of dispute in connection with the application of UWW's Constitution, rules and regulations, as well as with UWW decisions and guidelines, and any dispute with UWW, its affiliated or associated members or with clubs, in connection with the participation in the sport of Wrestling, accept, after exhaustion of any procedure set forth in the applicable UWW Regulations, the exclusive competence of the Court of Arbitration for Sport in Lausanne, Switzerland, excluding all recourse to ordinary courts, including in respect of provisional measures.

By signing this declaration, I also understand and accept that any Personal Data collected and/or processed by UWW will be used only to fulfil the UWW objectives as described in the Constitution, including but not limited to the governance, the organization, the promotion, the development, scientific research, and the protection (against doping and any form of sports integrity violations) of the sport of Wrestling and associated styles, and may be shared with authorized third parties (for instance Event organizers, Affiliated or Associated National Federations, IMSSA, other Sports Governing Bodies, ITA, Sample Collection Authorities, Doping Control Officers, other Anti-Doping Organisations, Major Events Organisers, authorized and recognized sports betting operators, etc.) to fulfil these objectives. I understand that my Personal Data will solely be used for these purposes and will be processed in strict confidentiality. I have read, understood and I accept the processing of my personal data as describe in the Data Protection & Privacy Rules and other relevant rules. I understand that additional categories of personal data, including sensitive health or eligibility-related information, may be processed where necessary for the implementation of specific UWW regulations and policies.

I also understand and accept that, for the purpose of the fight against doping in Sports, I may be subject to anti-doping controls at any place and any time, in accordance with the UWW Anti-doping Rules, the World Anti-doping Code and WADA's International Standards.

I finally understand that in the event of an accident or illness occurring abroad in the course of a competition registered on the UWW Calendar, the UWW licensees are insured by an insurance provided by IMSSA covering the medical costs in the place of the competition, under the condition and in so far as the illness or accident occurred for the first time during this competition abroad. After the return to the country of residence IMSSA will intervene on a subsidiary basis. Also, IMSSA does not cover the medical costs of licensees during UWW competitions taking place in their home country. All wrestlers must therefore apply for a local insurance in their country. Additional information and related regulations on rights and obligations for the holders of a UWW license are available on the UWW website (https://uww.org/).

I confirm that I have read, understood and agree to abide by all UWW regulations applicable to my participation in UWW international competitions, including eligibility requirements adopted by UWW for specific competition categories.

Date (DD/MM/YYYY): ……

Wrestler's signature*: ……

* or Parent's/Guardian's signature (if the Wrestler is a Minor or has an impairment preventing him/her signing this form)