

Для оформления ветеранской лицензии UWW необходимо прислать на электронный адрес ФСБР License@wrestrus.ru следующие документы:

1. Фото спортсмена. В UWW предъявляют следующие требования: фото должно быть цветное, не менее 100 кБайт, четкое, без дефектов (печати, ручки).
Принимается скан фото 5х6 высокого качества как на визу или на паспорт (3х4 не подходит). Или фото в электронном виде из фотоателье. Также можно сделать фото на смартфон на белом фоне четкое, светлое.
2. Скан или фото разворота загранпаспорта.
3. Чек об оплате лицензии на счет ФСБР в размере 9 000 руб.
4. Медсправка UWW образца 2019 года, заполненная ручкой по-английски с подписями врача, спортсмена и печатью.

Все документы должны быть сформированы в виде отдельных файлов в формате Jpeg.

Присылайте отдельное письмо на каждого спортсмена со всеми документами. По отдельности документы не принимаются. Указывайте вид спортивной борьбы, свой дивизион

Обязательно указывайте контактный телефон.

**Процесс оформления лицензии занимает до 2-х недель.
НЕ ТРАТЬТЕ ВРЕМЯ ВПУСТУЮ!
Отправляйте документы сегодня !**

ФЕДЕРАЦИЯ СПОРТИВНОЙ БОРЬБЫ РОССИИ WRESTLING FEDERATION OF RUSSIA



119991, Москва, Лужнецкая набережная., 8
Президент – тел. +7 495 725-4741;
Исполнительная дирекция: тел/факс +7 495 725-4621; +7 495 725-4566;
E-mail: RUS@united-world-wrestling.org;
Отдел греко-римской борьбы – тел/факс +7 495 725-4712
Отдел вольной борьбы – тел/факс +7 495 725-4735; +7 495 725-4607
Отдел женской борьбы - тел/факс +7 495 911 68 91
<http://www.wrestrus.ru>

№ 20/1709-1

17 сентября 2018 г.

Руководителям региональных
Федераций спортивной борьбы

Уважаемые коллеги!

Федерация спортивной борьбы России сообщает свои новые реквизиты для перевода в наш адрес денежных средств, в том числе за лицензии спортсменов.

Реквизиты действуют с 17 сентября 2018 года:

Общероссийская Общественная Организация
«Федерация спортивной борьбы России»
Юр. адрес: 119991, г. Москва, Лужнецкая наб., д. 8
Факт. Адрес: 119991, г. Москва, Лужнецкая наб., д. 8
ИНН 7704047128 КПП 770401001
р/с № 40703810300020000029
ООО МИБ «ДАЛЕНА»
БИК 044525371
кор/с № 30101810845250000371

Контактная информация:

Отдел греко-римской борьбы – тел/факс +7 495 725-4712

адрес эл. почты: gr@wrestrus.ru

Отдел вольной борьбы – тел/факс +7 495 725-4735; +7 495 725-4607

адрес эл. почты: fs@wrestrus.ru

Отдел женской борьбы - тел/факс +7 495 911 68 91

адрес эл. почты: fw@wrestrus.ru

Главный бухгалтер
Федерации спортивной борьбы России



Е.Н. Пашута



Issued for (Wrestler):

VALID FOR: 2019

First name		Last name	
Wrestling Style		Weight class	
Nationality		Date of birth	
National Federation			

I. Medical certificate

I, the undersigned, Doctor,

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

certify that I have examined the Wrestler designated here above on.....(DD/MM/YYYY).

I 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 as from the date of examination mentioned above. I 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 (article 3) and 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, rules and regulations as well as all UWW 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, and adhere to the principles of Fairplay;
- e) Observe and comply with the UWW Anti-doping Regulations implementing the World Anti-Doping Code;
- f) 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 that, 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, for the purpose of the fight against doping in Sports, I may be subject to anti-doping controls by United World Wrestling at any place and any time, in accordance with the UWW Anti-doping Regulations, the World Anti-doping Code and WADA's International Standards. I understand that the information that I provide is used exclusively for that purpose, in accordance with WADA's International Standards for the Protection of Privacy and Personal Information.

I also understand that the UWW Licence includes an insurance for accidents/illnesses occurring abroad that covers only the costs of injury treatment in the country where the competition and injury took place (as well as the costs for possible repatriation of the Wrestler in his/her country of residence) and that it is the responsibility of the Wrestler or his/her National Federation to take out an insurance policy for the covering of the costs for supplementary treatment in his/her country of residence. Additional information is available on the website of UWW (www.unitedworldwrestling.org).

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)



Issued for (Wrestler):

VALID FOR: 2019

First name	IVANOV	Last name	Nikolay
Wrestling Style	GR	Weight class	78
Nationality	Russian	Date of birth	1970 - 12 - July
National Federation	RUSSIA		

I. Medical certificate

ОБРАЗЕЦ
ЗАПОЛНЕНИЯ

I, the undersigned, Doctor,

Name (first name, last name)	Petrova Valentina
Medical speciality	therapist
Address	Russia, Moscow, 12 Lenina street - 25
Email	petrova_val@gmail.com

certify that I have examined the Wrestler designated here above on **12/06/2019**.....(DD/MM/YYYY).

I 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 as from the date of examination mentioned above. I 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: **12/06/2019, Moscow, подпись врача и личная печать**

II. Wrestler's declaration

Pursuant to the *Regulations for the Issuance of the UWW Licence* (article 3) and 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, rules and regulations as well as all UWW 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, and adhere to the principles of Fairplay;
- e) Observe and comply with the UWW Anti-doping Regulations implementing the World Anti-Doping Code;
- f) 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 that, 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, for the purpose of the fight against doping in Sports, I may be subject to anti-doping controls by United World Wrestling at any place and any time, in accordance with the UWW Anti-doping Regulations, the World Anti-doping Code and WADA's International Standards. I understand that the information that I provide is used exclusively for that purpose, in accordance with WADA's *International Standards for the Protection of Privacy and Personal Information*.

I also understand that the UWW Licence includes an insurance for accidents/illnesses occurring abroad that covers only the costs of injury treatment in the country where the competition and injury took place (as well as the costs for possible repatriation of the Wrestler in his/her country of residence) and that it is the responsibility of the Wrestler or his/her National Federation to take out an insurance policy for the covering of the costs for supplementary treatment in his/her country of residence. Additional information is available on the website of UWW (www.unitedworldwrestling.org).

Date (DD/MM/YYYY): **12/06/2019**

Wrestler's signature*: **подпись спортсмена**

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