The 3rd Asian
Youth Games
Bahrain 2025

موی تای

موی‌تای

تاریخ:
مسابقات موی‌تای از ۱ تا ۴ آبان (۲۳ تا ۲۶ اکتبر) برگزار خواهد شد.

مکان برگزاری:
مسابقات موی‌تای در نمایشگاه جهانی بحرین برگزار می‌شود. محل برگزاری مسابقات ۲۵ کیلومتر با محل اقامت ورزشکاران فاصله دارد.

رویدادها:
مسابقات موی‌تای شامل پسران و دختران زیر ۱۷ سال است: ورزشکاران متولد بین سال‌های ۲۰۰۸ تا ۲۰۱۱ (۱۴ تا ۱۷ سال) واجد شرایط شرکت در مسابقات خواهند بود.
این مسابقات شامل ۱۷ رویداد، هشت رویداد (۸) پسران، هشت رویداد (۸) دختران و یک رویداد (۱) میکس به شرح زیر است:

پسران	مبارزه ۱۴ – ۱۵	۴۵ – کیلوگرم؛ ۴۸ – کیلوگرم؛ ۵۱ – کیلوگرم
	مبارزه ۱۶ –۱۷	۵۴ – کیلوگرم؛ ۵۷ – کیلوگرم؛ ۶۰ – کیلوگرم
	Wai Kru	۱۷— ۱۶ ساله / ۱۵— ۱۴ ساله
دختران	مبارزه ۱۴ – ۱۵	۴۰ – کیلوگرم؛ ۴۵ – کیلوگرم؛ ۴۸ – کیلوگرم
	مبارزه ۱۶ –۱۷	۴۸ – کیلوگرم؛ ۵۱ – کیلوگرم؛ ۵۴ – کیلوگرم
	Wai Kru	۱۷— ۱۶ ساله / ۱۵— ۱۴ ساله
میکس	میکس تیمی ۱۷— ۱۴ ساله	

فرمت مسابقات:
مسابقات رزمی پسران و دختران شامل سه راند دو دقیقه‌ای است. زمان استراحت بین راندها یک دقیقه خواهد بود.

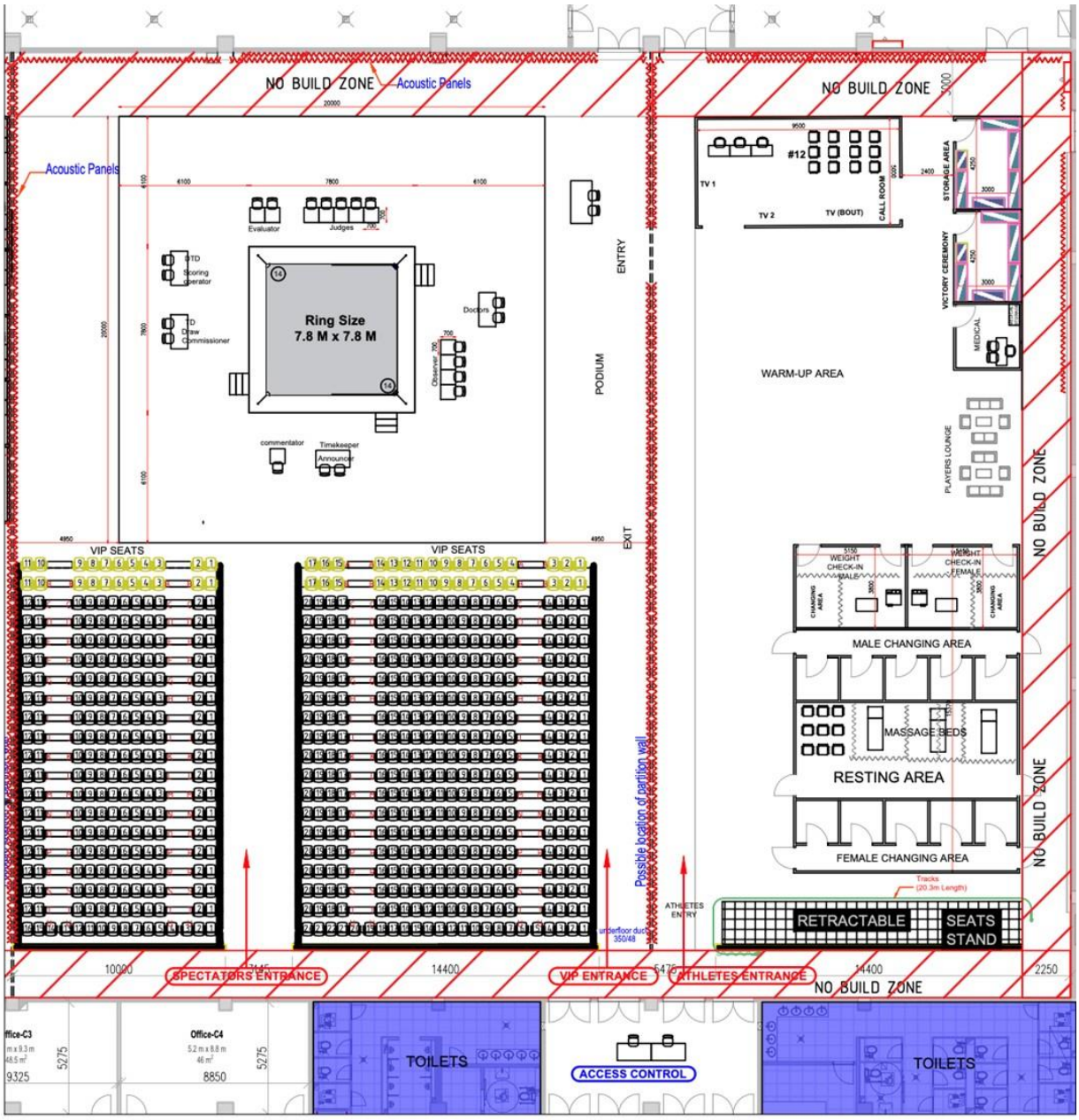
جلسه فنی و قرعه کشی رسمی:
بررسی ورود موی تای، جلسه فنی و قرعه کشی رسمی در تاریخ ۳۰ مهر (۲۲ اکتبر) برگزار خواهد شد.

- بررسی ورود موی تای: ساعت ۸:۰۰ تا ۱۷:۰۰
- جلسه فنی: ساعت ۱۰:۰۰ تا ۱۲:۰۰

هیئت‌های اعزامی تیم‌ها باید مدارک زیر را برای هر ورزشکار ارائه دهند، که در صورت لزوم امضا و تکمیل شده باشند (رضایتنامه ورزشکار، اظهارنامه پزشکی و ..... که در پیوست آمده است):

- معاینه پزشکی روزانه و وزن‌کشی: ۹:۰۰–۷:۰۰؛ در محل هتل ورزشکاران انجام خواهد شد.

تاریخ	روز	ساعت	رویداد	مکان
۲۹ مهر ۲۱ اکتبر	سه‌شنبه	تمام طول روز	ورودی‌ها	هتل ورزشکاران
۳۰ مهر ۲۲ اکتبر	چهارشنبه	۱۰ –۱۲	جلسه فنی تیم و قرعه کشی رسمی	اعلام خواهد شد
		۱۳–۱۵	جلسهR/J	
۱ آبان ۲۳ اکتبر	پنجشنبه	۷–۹	معاینه پزشکی روزانه و وزن کشی	هتل ورزشکاران
		۱۰–۱۲	مقدماتی موی تای و Wai Kru	نمایشگاه جهانی بحرین
		۱۴–۲۱	مسابقه مقدماتی ۱	
۲ آبان ۲۴ اکتبر	جمعه	۷–۹	معاینه پزشکی روزانه و وزن کشی	هتل ورزشکاران
		۱۰–۱۲	یک چهارم نهایی موی تای و Wai Kru	نمایشگاه جهانی بحرین
		۱۴–۲۱	یک چهارم نهایی	
۳ آبان ۲۵ اکتبر	شنبه	۷–۹	معاینه پزشکی روزانه و وزن کشی	هتل ورزشکاران
		۱۰–۱۲	نیمه نهایی موی تای و Wai Kru	نمایشگاه جهانی بحرین
		۱۴–۲۱	نیمه نهایی موی تای	
۴ آبان ۲۶ اکتبر	یکشنبه	۷–۹	معاینه پزشکی روزانه و وزن کشی	هتل ورزشکاران
		۱۰–۱۳	فینال موی تای و Wai Kru	نمایشگاه جهانی بحرین
		۱۴–۱۸	فینال و اهدای مدال	



محل برگزاری مسابقات موی‌تای

MEDICAL DECLARATION FOR IFMA ATHLETES

The information contained in this medical history form will only be used by the International Federation of Muaythai Amateur for purposes of determining if you pose a health threat/risk to yourself in the ring and to review your past medical history in the event of anew emergency or re-occurrence. This information will remain confidential at all times. Please complete this questionnaire with your physician. Print clearly in BLUE or BLACK ink only.

PERSONAL INFORMATION									
LAST NAME:		FIRST NAME:				M.I.			
D.O.B.		AGE:		SEX:		NATIONALITY:			

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?								
CONDITION:	YES	NO	CONDITION:	YES	NO	CONDITION:	YES	NO
BLEEDING OR OTHER BLOOD DISORDER			EPILEPSY/SEIZURE			CATARACTS		
OPEN WOUND/SUTURED CUT			BLURRED VISION			DIABETES		
HIGH TEMPERATURE/PYREXIA			HEARING LOSS			FAINTING		
HEADACHES/MIGRAINES			BALANCE PROBLEMS			DIZZINESS		
HIGH BLOOD PRESSURE			ASTHMA/BRONCHITIS			HERNIA		
ANY HEART CONDITION			RECURRENT NECK PAIN			HIV		
CHEST TRAUMA/RIB FRACTURE			RECURRENT BACK PAIN			HEPATITIS		
CHRONIC OR ACUTE INFECTIOUS DISEASE			MENTAL ILLNESS			PREGNANCY		

1) ARE YOU OVER THE AGE OF 40? YES: ☐ NO: ☐
2) HAVE YOU HAD A FIGHT THAT ENDED IN KO OR RSC-H IN THE PAST 6 MONTHS? YES: ☐ NO: ☐
3) HAVE YOU EVER TESTED POSITIVE WITH WADA (WORLD ANTI-DOPING AGENCY)? YES: ☐ NO: ☐
4) ARE YOU CURRENTLY TAKING ANY MEDICATION? YES: ☐ NO: ☐
   *IF YES, PLEASE LIST ENSURE THAT YOU HAVE SUBMITTED A TUE FORM
5) HAVE YOU HAD ANY TYPE OF SURGERY IN THE PAST 6 MONTHS? YES: ☐ NO: ☐
6) HAVE YOU NEEDED IN-PATIENT TREATMENT IN A HOSPITAL IN THE LAST 6 MONTHS? YES: ☐ NO: ☐
7) HAVE YOU RECEIVED TREATMENT FOR A BONE FRACTURE, FISSURE OR DISLOCATION IN THE LAST 6 MONTHS? YES: ☐ NO: ☐
8) DO YOU NORMALLY WEAR EYE GLASSES OR CONTACT LENSES? YES: ☐ NO: ☐
9) HAVE YOU EVER HAD BACK OR SPINAL SURGERY? YES: ☐ NO: ☐

PLEASE BE AWARE IF YOU ARE OVER 16 YEARS OLD, LABORATORY BLOOD TESTS RESULTS for HIV antibody & HBV (Hepatitis B Surface Antigen) & HCV (Hepatitis C Antibody) must be submitted with this form on the letterhead of the laboratory that administered the tests. The blood tests must be taken within 6 months prior to the date of competition.

MEDICAL HISTORY STATEMENT

I have completed this medical history questionnaire and answered it truthfully and to the best of my knowledge. I am prepared to answer questions from the International Federation of Muaythai Amateur (including athletic trainers, nurses, consultants, coaches, and coordinators) and general practitioners concerning this medical history and medical conditions. I affirm also that I do not suffer from any disability, injury, condition, or complaint that I have not disclosed on this form. I further recognize the importance of fully and accurately disclosing my physical conditions, past and present, to International Federation of Muaythai Amateur.

_____ _____/_____/_____

ATHLETE SIGNATURE **DATE**

MEDICAL DECLARATION FOR IFMA ATHLETES

ATHLETE :			(SECTION 2 PHYSICIANS APPROVAL)
LAST NAME:		FIRST NAME:	

***To be signed by parent/guardian if the participant is under 18 years of age.**

Name of Parent/Guardian:_____

_____ _____/_____/_____

PARENT/GUARDIAN SIGNATURE **DATE**

MEDICAL DOCTOR EXAMINATION & APPROVAL:

The applicant's medical fitness for the contact ring sport of Muaythai has been evaluated by physical examination and, if required (at the discretion of the attending physician) by the use of radiology and laboratory facilities.

To be filled in by physician. Please record the athlete's weight with your remarks of whether the athlete is fully hydrated, and your evaluation of their under skin body fat.

**Please be aware that this weight will be the marker for the athlete's weight category for the season with maximum allowance of +/- 10%.*

TO BE FILLED BY PHYSICIAN ONLY:						
Weight (KG.):						
Level of Hydration by Physical Examination: (Please Tick One)	Normal Hydration:	☐	Has Physical Signs of Dehydration:	☐	Needs Urgent Rehydration:	☐
Level of Subcutaneous Fat by Skin-Fold Pinch Examination: (Please Tick One)	Skinny:	☐	Normal:	☐	Fat:	☐

This is to certify that .....is in good physical condition and not suffering from any injury, infection or disability liable to affect his/her capacity to box in the competitions of the full contact sport of Muaythai.

_____ _____/_____/_____

PHYSICIAN SIGNATURE **DATE**

CLINIC ADDRESS:_____

TEL: _____**EMAIL:**_____

MEDICAL DECLARATION FOR IFMA ATHLETES

ATHLETE :			(SECTION 3: WEIGHT CUT CONTROL)
LAST NAME:		FIRST NAME:	
COACH :			
LAST NAME:		FIRST NAME:	

****IMPORTANT NOTICE TO ATHLETE/GUARDIAN/COACH****

IFMA acknowledges that weight cutting by means of dehydration, loss of water and minerals from the body may pose a dangerous and life threatening result, even in amateur sports and young athletes. At IFMA we support weight control by fat loss, NOT BY water loss. We therefore urge all athletes, entourage and stakeholders to take responsibility in this process for the health and safety of the athletes.

Doctors on duty at the daily medical check are authorised to perform on-the-spot urine spectrometer tests for dehydration on any athlete at any given time should symptoms of dehydration be suspected. Any athlete with a urine density above 1.030 shall not be permitted to compete.

DECLARATION OF WEIGHT CONTROL

I understand that I must not have symptoms of dehydration during the medical controls.
I understand that doctors on duty at the daily medical check are authorised to perform on-the-spot urine spectrometer tests for dehydration on any athlete at any given time should symptoms of dehydration be suspected.
I understand that if my urine density is tested above 1.030, I shall not be permitted to compete.
I understand that use of diuretics is prohibited by the WADA anti-doping code due to is classification as a masking agent, and shall not resort to this substance to aide in weight-cutting.

BY SIGNING BELOW, WE HEREBY DECLARE THAT WE UNDERSTAND THE ABOVE INFORMATION WITH FULL UNDERSTANDING OF THE MEDICAL RISKS OF WEIGHT CUTTING BY DEHYDRATION, WATER AND MINERAL LOSS FROM THE BODY.

DETECTION OF THIS PROCESS BEFORE THE COMPETITION COULD RESULT WITH THE ATHLETE'S AND THE COACH'S DISQUALIFICATION FROM THE COMPETITION.

_____ _____/_____/_____
ATHLETE SIGNATURE **DATE**

***To be signed by parent/guardian if the participant is under 18 years of age.**

Name of Parent/Guardian:_____

_____ _____/_____/_____
PARENT/GUARDIAN SIGNATURE **DATE**

_____ _____/_____/_____
COACH SIGNATURE **DATE**

MEDICAL DECLARATION FOR IFMA ATHLETES

ATHLETE :		(SECTION 4: FEMALE NON-PREGNANCY DECLERATION)	
LAST NAME:		FIRST NAME:	

DECLARATION OF NON PREGANCY

THIS SECTION IS TO BE COMPLETED BY ALL FEMALE ATHLETES ONLY

1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED 18 (EIGHTEEN) AND OVER

_____ ____/_____/_____

PLACE **DATE**

NAME OF EVENT:_____

I, _____, declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the event that this declaration is subsequently shown to be inaccurate or false and I suffer from any related injury or damage during the Event, I on behalf of my heirs, executors and administrators, waive and release any and all claims for damages I may have against IFMA (including its officials and employees), the organisers of the Event (including the Local Organising Committee and/or the Host Federation) and the Competitions Venue owners for such injury or damage.

_____

ATHLETE SIGNATURE

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1. DECLARATION OF NON PREGNANCY FOR FEMALE ATHLETES AGED UNDER 18 (EIGHTEEN)

_____ ____/_____/_____

PLACE **DATE**

NAME OF EVENT:_____

I, _____, am one of the parents/legal caretaker of _____
(insert name of athlete)

and declare, on her behalf that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it in the event that this declaration is subsequently shown to be inaccurate or false and _____ suffers any *related injury or damage during the Event, I on*
(insert name of athlete)
Behalf of _____, her heirs executors and administrators, waive and release any and all claims for
(insert name of athlete)
Damages she may have against IFMA (including its officials and employees), the organiSers of the Event (including the Local Organising Committee and/or the Host Federation) and the Competitions Venue owners for such injury or damage.

_____

PARENT/GUARDIAN SIGNATURE

IFMA ATHLETE CONSENT FORM

ATHLETE :			
FIRST NAME:		LAST NAME:	
D.O.B (D/M/Y)		DATE:	
NAME OF EVENT:			

As a member of the International Federation of Muaythai Amateur (IFMA) and/or a participant in an event authorised or recognised by IFMA, I hereby declare as follows:

I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of IFMA Anti-Doping Rules (as amended from time to time) and the *International Standards* issued by the World Anti-Doping Agency and published on its website.

I acknowledge the authority of IFMA and its member National Federations and/or National Anti-Doping Organisations under the IFMA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with, the IFMA Anti-Doping Rules.

I also acknowledge and agree that any dispute arising out of a decision made pursuant to the IFMA Anti-Doping Rules, after exhaustion of the process expressly provided for in the IFMA Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the IFMA Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).

I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I am being asked to read the following form to ensure that I am aware that my doping control related data will be used in anti-doping programs for detection, deterrence and prevention of doping. Signing this form will indicate that I have been so informed and that I give my express consent to such processing.

I understand and agree that:

a. my data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by IFMA [and its member National Federations and/or National Anti-Doping Organizations] and WADA for anti-doping purposes;
b. WADA-accredited laboratories will use the anti-doping administration and management system (“ADAMS”) to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
c. I may have certain rights in relation to my Doping Control-related data under applicable laws and under WADA’s International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;
d. if I object to the processing of my Doping Control-related data or withdraw my consent, it still may be necessary for my IFMA [and its member National Federations and/or National Anti-Doping Organizations] and/or WADA to continue to process (including retain) certain parts of my Doping Control-related data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for the purpose of investigations or proceedings related to a possible

IFMA ATHLETE CONSENT FORM

anti-doping rule violations; or to establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.

e. preventing the processing, including disclosure, of my Doping Control-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an anti-doping rule violation, under the Code;

f. to the extent that I have any concerns about the processing of my Doping Control-related data I may consult with the IFMAand/or WADA (privacy@wada-ama.org), as appropriate.

I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry of my Doping Control, whereabouts, Therapeutic Use Exemptions, Athlete Biological Passport, and sanction-related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, Prohibited Substance or Method, and/or tribunal decision, may be publically disclosed by IFMA [and its member National Federations and/or National Anti-Doping Organizations] in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.

I understand and agree that my information may be shared with competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country. I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

AUTHORISATION AND CONSENT

By signing this form, I hereby declare that I am familiar with and agree to abide by IFMA's Rules and that I expressly consent to the processing of my Doping Control related data as set forth above.

_____

Signature (or, if a minor, signature of Legal Guardian)