

Roma, 31 gennaio 2023

A TUTTI GLI INTERESSATI

Gana

nonco Il Segretario Generale Marco Cannella

COMUNICATO PARALIMPICO nº 7/23

OGGETTO: Partecipazione IWAS World Cup Pisa 16-19 marzo 2023.

Si ricorda che, come stabilito dall'art. 53 delle Disposizioni per l'Attività Agonistica 2022/2023 le richieste di partecipazione di atleti a proprie spese a gare di Coppa del Mondo devono essere perfezionate sul sito del Tesseramento in: "Gestionale Sportivo - Eventi Internazionali", tassativamente 15 giorni prima della data di scadenza. A tal proposito si informa che il termine fissato per l'iscrizione alla gara di Coppa del Mondo di Pisa è il 12 febbraio p.v.

Gli atleti che non sono ancora classificati internazionalmente o che intendano richiedere una revisione di medici farlo link categoria per motivi devono attraverso questo https://docs.google.com/forms/d/e/1FAIpQLSd4kij69D1-Ze2Rf5e3e-

W32kpt9Kiw3h0hfeLBswqBtvbabg/viewform, caricando i documenti richiesti compilati. Per la classificazione è necessario versare £50 (sterline) all'IWAS:

IWAS Sports Account National Westminster Bank PLC Account No.: 56915985 Sort Code: 60 01 31 SWIFT CODE nwbkgb2L IBAN: GB79NWBK60013156915985.

Si ricorda che le procedure per le classificazioni devono essere fatte almeno 6 settimane prima della gara.

I pagamenti della capitation fee dell'IWAS (£50), dell'iscrizione di €250 e dell'eventuale pacchetto albergo verranno gestiti dallo scrivente ufficio, pertanto le società interessate alla partecipazione sono tenute a prendere contatto entro il 17 febbraio p.v. all'email paralimpico@federscherma.it o per telefono al 0632659150 o 3488588456 e a corrispondere le cifre dovute entro il 3 marzo p.v..

Si allegano le informazioni fornite dal COL con il programma gare e i documenti per la classificazione.

Allegati n° 4: E FENC'IT COLDENSTAR FISIO Telpress DIFFERENT **BELLA ITALI** Hilterapia® Datamining Tel 06 3265 91 Fax 06 3265 9190 segreteria@federscherma.it CF 05271310582 P.iva 01382601001





IWAS Wheelchair Fencing

2023 World Cup "The Leaning Tower"

City			'isa iarugi, 5 – Pisa, It te: https://www.cu						
Nation		Italy							
Date		Mar 16	5, 2023 - Mar 19, 2	2023					
Participa	ation	The nu For ea Minimu A fence compe The pla	NATIONAL OPEN imber of participal ch individual even um six fencers frou er without an offic tition. acing of competito ers authorities wh	nts is unli it: m four IW ial interna ors within	/AS countries ational classifi each categor	cation is not y is strictly a	allowed to participation of the coording to the	rticipate in a	n IWAS WF f the official
Quota		None							
Referees	5	Refere	e qualification:						
		Interna	ational referee lie	ense is	required				
		IWAS	A/B						
		Athlet	tes per nation					4 - 7	8 +
		Manda	atory referees					1	2
		Fine F	Per tournament					£1,500.00	£1,500.00
		athlete The re	quired number of s can be added to ferees activity is n	the com ot paid b	petition. y the organize	er.		, ,	
Federati	on	International Wheelchair & Amputee Sports Federation							
Club		US Pisascherma							
Organize	er	Italian Fencing Federation – US Pisascherma ASD - "The Leaning Tower World Cup" Organizing Committee							
Contact		Via caduti del lavoro, 12 56122 Pisa, Italy Website: http://www.pisafencingcup.it Email: pisaworldcup@gmail.com							
Further information		https://iwas.ophardt.online/en/widget/event/487 View entries and results							
Entries		before federat Cance	to: https://iwas.o the Feb 26, 2023 tion I until Feb 26, 202 : pisaworldcup@g	3, 12:00: 3, 12:00:	00 PM Centra 00 PM Centra				National
Day	Entry desk close	Begin	Continued	Finals	Competition	1	allowed	Quota	Entry fee
16.03.	00:00	09:00			Foil male	A I Senio	r 1924 - 2010		£50.00
					Epee femal	e B I Senio	r 1924 - 2010		£50.00
		13:00			Foil male	B I Senio	r 1924 - 2010		£50.00







						Epee female A I Senior 1924 - 2010	£50.00
17.03.	00:00	09:00	-			Foil female A I Senior 1924 - 2010	£50.00
						Sabre male BI Senior 1924 - 2010	£50.00
		13:00				Foil female B I Senior 1924 - 2010	£50.00
						Sabre male A I Senior 1924 - 2010	£50.00
18.03.	00:00	09:00				Epee male A I Senior 1924 - 2010	£50.00
						Sabre female B I Senior 1924 - 2010	£50.00
		13:00				Epee male B I Senior 1924 - 2010	£50.00
10.00						Sabre female A I Senior 1924 - 2010	£50.00
19.03.	00:00	09:00				Epee male T Senior 1924 - 2010	£0.00
		14.00				Sabre female T Senior 1924 - 2010	£0.00
Fauinm	ent check	<u>14:00</u>	T :	Davi	T :	Foil open T Senior 1924 - 2010	£0.00
Equipin		Day	Time		Time	Competition	
		15.03.	14:00 before the 19:00	16.03.	08:00 before the 09:00	Foil male Senior Individual A	
						Epee female Senior Individual B	
					12:00 before the 13:00	Foil male Senior Individual B	
						Epee female Senior Individual A	
				17.03.	08:00 before the 09:00	Foil female Senior Individual A	
						Sabre male Senior Individual B	
					12:00 before the 13:00	Foil female Senior Individual B	
						Sabre male Senior Individual A	
				18.03.	08:00 before the 09:00	Epee male Senior Individual A	
						Sabre female Senior Individual B	
					12:00 before the 13:00	Epee male Senior Individual B	
						Sabre female Senior Individual A	
				19.03.	08:00 before the 09:00	Epee male Senior Team	
						Sabre female Senior Team	
					13:00 before the	Foil open Senior Team	







		14:00					
Referee meeting	16.03. 08:30 Epee 16.03. 08:30 Foil 17.03. 08:30 Sabre						
Fee for officials	£50.00 Per official						
Delegation meeting	15.03. 20:00						
Payment	Payment Invoice	Surcharge 	Remarks The invoices are generated on actual results	after the event based			
Late entry surcharge	£150.00 Per late entry						
Discounts	£50.00 Per double entry £50.00 Per triple entry						
Tournament officials	TD - Alberto Cruz Referee Delegate - Jon Mo SEMI Delegate - Gregory (
Format	According to IWAS WF rule	es.					
Rules and legal	According to IWAS WF rul	es.					
Anti Doping	IWAS retains the right to c	onduct random Ant	i-Doping testing at any IWAS WF	competition.			
Equipment	According to IWAS WF rul	es.					
	Latest submission of equip	ment to equipment	control latest 30min before the c	losing time.			
Booking options	Accreditation Rate (for all	persons)		€250.00			
	Double Room Rate (per p	erson, 3 nights)		€420.00			
	Double Room Rate (per p	erson, 4 nights)		€560.00			
		€700.00					
		€840.00 €570.00					
	Single Room Rate (per person, 3 nights)						
	Single Room Rate (per pe	€760.00					
	Single Room Rate (per pe			€950.00			
	Single Room Rate (per pe	erson, 6 nights)		€1,140.00			
Accomodation	Hotel San Ranieri Website: http://www.sanra and AC Hotel Pisa Website: https://www.marr and Hotel Pisa Tower Plaza Website: https://www.pisat	iott.it/hotels/travel/p owerplaza.com					
Catering	Cafeteria is done by a corr		e.				
Remarks	COVID-19 INFORMATION	l					
	Before your trip, please visit this link: https://infocovid.viaggiaresicuri.it/index_en.html that provides users with general information on current rules related to travel to/from Italy						
	VISA						
	Information about visa require http://www.esteri.it/visti/ind		an be found here:				
US Pisascherma							







Should you need assistance to apply for entry visa to Italy (e.g. letter of invitation), please provide the following details to the Organizer Committee as soon as possible to pisaworldcup@gmail.com

- full name as in passport
- nationality
- function in the team
- passport number
- passport expiry date
- copy of passport

Note: Early application is advised for participants who required entry visa.

INSURANCE

All members of attending delegations should insure themselves in case of accidents, injuries or illness. The organizer will not accept any responsibility or financial loss or any other responsibility incurred by any of the participants whatsoever.

REGISTRATION

All entries for athletes, referees, coaches and staff have to be done via the Ophardt system: https://iwas.ophardt.online/

DEADLINE: before noon (CET) on 26 FEBRUARY 2023

Registration of the whole team (accreditations, accommodation, all travel details etc.) has to be done with the Excel file in the following link: https://www.pisafencingcup.it/accommodation.xls

After downloading and completing the official entry form, please upload the Excel file to: https://www.pisafencingcup.it/form.html DEADLINE: 15 FEBRUARY 2023

Remark: The Accreditation Rates and Room Rates do not include the IWAS fee of £50 for each participant (athlete, official, staff, ...) which will be invoiced and has to be paid to IWAS after the competition.

The data from Entry Forms and Ophardt system must be consistent and current!

It is responsibility of the national federations to inform IWAS and the local Organizing Committee about any changes and keep all data up-to-date.

Invoices for entered participants (Accreditation Rates and Room Rates) will be sent once you have completed the booking section and paid directly to the LOC using the bank details below.

PAYMENTS FOR ACCREDITATION AND ROOM RATES

The Accreditation Rate will allow competition accreditation only (airport transfers, travel to venue, accommodation and food is NOT included).

The Room Rates will include accommodation and food in the official Hotels, airport transfers to the hotels and between the hotels and the venue.

Day rates start from the dinner on the day of arrival and continues until breakfast on the day of departure.

Accreditation Rate and Room Rates must be paid directly to the local organizers to the following bank account:







Bank name: Banca Popolare di Lajatico, Filiale Pisa 2 Bank address: Via Luigi Bianchi, 3 – 56123 Pisa, Italy Account name: US Pisascherma Address: Piazzale dello Sport – 56122 Pisa, Italy Account number: 0000002869 IBAN: IT27U052321400100000002869 Swift (BIC): BLJAIT3LXXX

The party making payment will be responsible for bank charges, if any.

LATE ENTRIES / REGISTRATIONS

In exceptional situations of

- the registration of accommodation packages with the local organizers after 15 February 2023 - the registration of athletes and officials in Ophardt system after 26 February 2023 (noon CET) may be considered by LOC and IWAS, and may be accepted.

In this case a 20% penalty fee will be added to Accreditation Rates and Room Rates by the local organizers, and IWAS will charge a £150 late entry surcharge for each late entry.

CANCELLATION POLICY

Cancellations after the closing deadline for entries are only possible for medical reasons or force majeure, which have to be proved. The national federation must inform IWAS WF and the local organizers.

Any cancellation of ordered accommodation packages after 15th of February but before 22nd of February will result in applying the cancellation fee: 50% of packages that have been ordered and cancelled.

Any cancellation of ordered accommodation packages after 22nd of February but before 28th of February will result in applying the cancellation fee: 75% of package that have been ordered and cancelled.

Any cancellation of ordered accommodation packages after 28th of February will result in applying the cancellation fee:

100% of package that have been ordered and cancelled.

PAYMENT FOR IWAS REGISTRATION FEE

The IWAS Registration Fee (50 GBP per person), a possible Late Entry Surcharge (150 GBP per person after the entry deadline and until 3 days before the competition, 250 GBP until the the head of delegation meeting), the fine for missing referees (1.500 GBP per missing referee before and 2.000 GBP after the entry deadline) and possible other fines must be paid directly to IWAS.

Please note that all fees and penalties payable to IWAS will be invoiced AFTER THE COMPETITION.





ANNEX I

COVID-19 AND HEALTH DECLARATION

Separate forms to be completed by each athlete and support personnel attending classification.

The health and well-being of all is our highest priority.

As a result of the COVID-19 outbreak, we are applying screening processes and hygiene measures to safeguard athletes, their support staff and classification personnel. As a condition of proceeding with the classification process, please answer the questions below and adhere to the additional hygiene processes requested of you.

SELF-DECLARATION	YES/NO
Are you presenting with any of the following symptoms relating to COVID-19?	
Fever	
Cough	
Shortness of Breath	
Have you in the past 14 days been in contact with someone diagnosed with coronavirus to your knowledge?	

If you respond 'YES' to any of these questions, then as a precautionary measure, you will be unable to proceed with classification. We ask for your full support as we all have a shared responsibility to minimise the risk of exposure and protect our individual and collective health.

Self-declaration records will be used and disclosed for managing classification site access during the risk period only and as required by law. Records will be kept securely and retained for a period required under our retention schedules in compliance with privacy laws and regulations. Please let us know if you have any questions or concerns and thank you for your co-operation.

NAME SIGNATURE DATE



- I agree to undergo the Athlete Evaluation process detailed in the IWAS wheelchair Fencing Classification Rules and administered by a designated IWAS wheelchair Fencing Classification Panel. I understand that this process may require me to participate in sportlike exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that that I am healthy enough to participate in Athlete Evaluation.
- 2. I understand that I have to comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for IWAS wheelchair Fencing. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Sport Class being allocated to me.
- I understand that Athlete Evaluation requires me to give my best effort, and that any Intentional Misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action. (see IWAS IW rules for competition – book 4 - classification rules – c36)
- 4. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined in the Classification Regulations.
- 5. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition.
- 6. I agree and consent to WAS wheekhair Fencing processing my personal data in any format, including my full name, country, date of birth, sport, Sport Class, Sport Class Status and relevant medical information. I agree and consent to my name, country and Sport Class and Sport Class Status being published by IWAS Wheelchair Fencing and shared with third parties such as Competition Organisers.

I wish/ do not wish (please delete) to assist IWAS Wheelchair Fencing in developing the Classification system and therefore allow my data collected during Athlete Evaluation and video material recorded during training and competition to be used for research and educational purposes by IWAS wheelchair fencing. I understand that I may withdraw this consent at any time.

Printed name of the athlete	
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Signature

Date

Parent / Guardian*

Signature

Date

*This is mandatory if the Athlete is under eighteen (18) years of age.



Medical Diagnostics Form for athletes with Physical Impairment

The form is to be completed in **English** by the athlete's individual physician.

The completed form <u>must</u> be completed and sent to IWAS HQ no later than six(6) weeks before the athlete undergoes athlete evaluation (unless otherwise agreed). Medical documentation providing evidence for the athlete's health condition and impairment, is to be attached to this form (see page 2).

Athlete Information

Last name:				
First name:				
NPC:				
Gender:	Female	Male	Date of Birth:	dd/mm/yyyy
Sport:				
Years/months	competing in	the sport at national		
level:				

Medical Information

procedure(s):

Description of the Athlete's medical diagnosis <u>and</u> the loss of function this health condition results in:

Health condition is: pro	gressive 🗌 stable
Medical history:	
Health condition is:	acquired congenital
If acquired, age of onset:	
Anticipated future	



Attachments

The athlete's health condition as stated on this form and the resulting impairment must fully explain the loss of function exhibited by the athlete during athlete evaluation. Otherwise no sport class can be allocated by the classification panel, as stipulated in the IWAS Wheelchair Fencing Sport's classification rules.

Therefore, additional, recent and relevant medical documentation has to be attached to this form if the athlete has*

- an impairment or diagnosis that cannot be ascertained by clear signs and symptoms;
- a complex or rare health condition, or multiple impairments;
- limb deficiency (amputation or dysmelia) at the level of an ankle, knee, wrist or elbow joint (X-rays for the respective joints to be enclosed);
- a spinal cord injury (recent ASIA scale results to be enclosed);
- one of the coordination related impairments ataxia, athetosis or hypertonia (Modified Ashworth Scale scores to be enclosed).

Reports on additional testing by physicians, physiotherapists and other health professionals are welcomed, where relevant, to complement the medical diagnostic information.

The IWAS Wheelchair Fencing Classification Panel may ask for further information to be submitted depending on the individual athlete's health condition and impairment.

*Athletes and NPCs/ NFs are advised to observe the Eligible Impairments defined in IWAS Wheelchair Fencing Sport's classification rules, as not all of the impairments mentioned above are considered Eligible Impairments in all sports.

I confirm that the above information is accurate. Name:							
Health care profession:							
Registration A Number:	Registration Authority and Number:						
Address:							
City:		Country:					
Phone:		E-mail:					
Date:	dd/mm/yyyy	Signature:					