



VILLE DE
TOURS



LE PREMIER TOURNOI INTERNATIONAL DE FOOTBALL POUR LES TRANSPLANTES (WTFT) TOURS / SAINT-CYR-SUR-LOIRE – du 20 au 26 octobre 2019

DOSSIER D'INSCRIPTION

Le Premier Tournoi International de Football pour les Transplantés se déroulera à Tours et Saint-Cyr-sur-Loire en Indre-et-Loire (France) du 20 au 26 octobre 2019.

1. LES DATES CLES

- Dossier d'inscription : 16 septembre 2019
- Dossier medical : 16 septembre 2019
- Solde : 16 septembre 2019

2. PREMIER TOURNOI INTERNATIONAL DE FOOTBALL POUR LES TRANSPLANTES – conditions d'inscription

Les équipes sont composées d'athlètes transplantés (donneur décédé, donneur vivant). En supplément, un nombre limité d'athlètes non-transplantés peuvent participer (dans la limite de 3 sur le terrain en même temps sur le terrain) : médecin transplanteur, coordinateur de prélèvement, infirmière de transplantation, donneur vivant, membre d'une famille de donneur.

Les compétiteurs transplantés doivent être transplantés depuis minimum 1 an, avec un greffon stable, remplir les conditions médicales et s'entraîner pour l'événement auquel ils s'inscrivent.

Si un compétiteur potentiel est transplanté depuis au moins 6 mois, avec un greffon stable, s'est entraîné et à l'autorisation de son médecin, son inscription peut être considérée et acceptée par le comité médical de Trans-Forme.

Les équipes peuvent être composées d'hommes et de femmes de plus de 15 ans (âge au 20 octobre 2019).

3. ARRIVEE A TOURS

Les membres de l'équipe sont attendus le 20 octobre 2019 pour un "Welcome Drink" à 19h au Novotel Tours Centre Gare, 15 rue Edouard Vaillant, 37000 Tours

Le transfert de l'aéroport de Tours n'est pas inclus dans l'inscription (cf. page 11).

4. NAVETTES

Des navettes transporteront les participants de l'hôtel aux stades, des stades à l'hôtel et entre les deux stades.

5. HEBERGEMENT

a. Informations générales

Tous les participants seront hébergés dans un hôtel situé dans le centre de Tours, du dimanche 20 au samedi 26 octobre 2019, dans des chambres twins :

- Le Grand Hotel de Tours - www.legrandhoteltours.com/
Place du Général Leclerc
37000 Tours, France



b. Check in

Les participants peuvent arriver à l'hôtel à partir de 14h le dimanche 20 octobre.

c. Check out

Les participants doivent quitter l'hôtel le samedi 26 octobre à 12h au plus tard.

d. Nuits supplémentaires

L'hébergement est prévu pour 6 nuits (arrive le dimanche 20 octobre, départ le samedi 26 octobre).

Des nuits supplémentaires peuvent être réservées par les participants directement auprès de l'hôtel.

6. RESTAURATION

a. **Petit-déjeuner**

Le petit-déjeuner est prévu au Grand Hôtel du lundi 21 au samedi 26 octobre inclus.

b. **Déjeuner**

Les déjeuners seront servis au Novotel Tours Centre Gare, de 12h à 14h, du lundi 21 au vendredi 25 octobre inclus.

Il y aura 2 services de déjeuner : Les horaires des repas seront précisés ultérieurement.

c. **Dîners libres**

Les dîners - à l'exception du dîner de gala du jeudi 24 octobre - sont libres, à la charge des participants.

d. **Dîner de gala**

Le dîner de gala aura lieu à 20h le jeudi 24 octobre au Novotel Tours Centre Gare.

7. COMPETITION

a. Programme

Sunday, 20th October	Monday, 21st October	Tuesday, 22nd October	Wednesday, 23rd October	Thursday, 24th October	Friday, 25th October	Saturday, 26th October
Teams arrival	8am to 9am warm up	8am to 9am warm up	8am to 9am warm up	8 am to 9 am warm up	Resting time Physios, etc.	Teams departures after breakfast
	9am Stadium 1 Game 1	9am Stadium 1 Game 1	9am Stadium 1 Game 1	10:00 AM Stadium 1 Semi-Final 1	LUNCH	
	10am Stadium 1 Game 2	10am Stadium 1 Game 2	10am Stadium 1 Game 2	11h30 am Stadium 2 Semi-Final 2	2 pm to 3 pm Warm up	
	11:00 AM Stadium 2 Game 3	11:00 AM Stadium 2 Game 3	11:00 AM Stadium 2 Game 3	LUNCH Resting time Physios, etc.	3:00 PM Third-place play-off	
	12pm Stadium 2 Game 4	12pm Stadium 2 Game 4	12pm Stadium 2 Game 4	5:15 PM Stadium 2 Game 4 Press Conference (for Team Managers only)	3:30pm to 4:30pm warm up 4:30 pm Final	
	7:00 PM WELCOME DRINK FREE DINER	LUNCH Resting time Physios, etc.	LUNCH Resting time Physios, etc.	LUNCH Resting time Physios, etc.	6 pm to 8 pm Symposium "What kind of football for organ recipients?"	
	FREE DINER	FREE DINER	FREE DINER	8:30 PM GALA DINNER	FREE DINER	

b. Informations sur l'équipe

Les matchs se jouent à 11 contre 11 : 11 joueurs (comprenant le gardien de but) pour chaque équipe doivent être présents sur le terrain.

Les équipes trans-nationales sont autorisées exceptionnellement pour ce tournoi.

Les équipes peuvent être composées d'hommes et de femmes, âgés de 15 ans ou plus (à la date du dimanche 20 octobre).

Les équipes sont autorisées à inscrire 16 joueurs et/ou accompagnateurs pour le tournoi. *Trans-Forme recommande à chaque équipe de prioriser les joueurs et joueuses parmi les 16 participants.*

En sus de 16 inscrits, les équipes doivent réserver par elle-même l'hébergement et les repas des participants supplémentaires.

Pour ce tournoi seulement, des joueurs non transplantés sont autorisés : 3 joueurs maximum en même temps sur le terrain peuvent ne pas être transplantés (médecin transplantateur, infirmier coordonnateur, infirmière de transplantation, donneur vivant, membre de famille de donneur)

Il est important que les compétiteurs vérifient leurs conditions physiques afin d'éviter les annulations tardives.

c. Equipement

Maillots

Les joueurs de l'équipe de France se verront remettre maillots, shorts et chaussettes.

Crampons

Les matchs se dérouleront sur gazon. Les crampons sont autorisés (max 13mm). Les arbitres peuvent autoriser des crampons plus long (max 16mm), seulement si les conditions le nécessitent.

d. Règles

Les compétiteurs doivent connaître les règles de la WTGF. À tout moment, les participants doivent respecter les règles et les valeurs du football. Cela inclut l'équipement et le comportement. Chaque candidature est vérifiée et validée par l'entraîneur et/ou le team manager.

Retrouvez le règlement de la WTGF ici : <https://wtgf.org/wp-content/uploads/2018/07/2.-WTGF-GENERAL-FOOTBALL-RULES-new-16-07-18.pdf>

8. SECURITE ET PLAN MEDICAL

Samu, urgentistes, kinésithérapeutes seront informés et mobilisés.

9. EXIGENCES MEDICALES – COMPETITEURS

La compétition est ouverte à tous les compétiteurs remplissant les conditions médicales figurant dans le présent dossier d'inscription. Les dossiers médicaux doivent être remplis et retournés avant le lundi 16 septembre afin d'être validés. Les compétiteurs non transplantés doivent également renseigner un dossier médical (MF4).

À tout moment, l'équipe médicale de Trans-Forme peut refuser l'inscription d'un compétiteur sur raison médicale.

10. ASSURANCE

a. Assurance responsabilité civile

Une assurance responsabilité civile couvre le comité d'organisation local du dimanche 20 au samedi 26 octobre 2019.

b. Assurance/assistance individuelle

Une assurance/assistance individuelle couvre les participants adhérents (incluant les dépenses d'hospitalisation et de rapatriement) : cf. bulletin d'adhésion.

c. Assurance voyage

Le comité d'organisation local (COL) ne remboursant pas les frais d'inscription hors les conditions décrites ci-après, il est fortement recommandé de prévoir une assurance spécifique.

11. REMBOURSEMENT

En fonction de la date de l'annulation, le participant sera remboursé comme suit :

Du 24 août au 11 septembre	10%
Du 12 septembre au 9 octobre	50%
A partir du 10 octobre	100%

12. TRANSPORT ET TRANSFERT



Les participants arrivant à l'aéroport de Tours devront prendre le Tram A de Vaucuson à Gare de Tours (tram toutes les 15 min).

A la sortie de la station, retrouvez le Grand Hôtel à 2min à pied, Place du Général Leclerc.



Les participants arrivant en train retrouveront l'hôtel à la sortie de la station, Place du Général Leclerc.

<https://www.oui.sncf/>

13. VIDEOS

Une vidéo de 5 minutes sera publiée chaque soir sur le site web de Trans-Forme résumant les temps forts de la journée.

14. PHOTO ET DROITS

En s'inscrivant au tournoi, les participants autorisent Trans-Forme à utiliser les photos et vidéos du tournoi afin de promouvoir le don d'organes et/ou l'événement.

Les photos et vidéos prises durant le tournoi peuvent être utilisées par les participants dans un but privé seulement. Une autorisation spéciale pour d'autres utilisations peut éventuellement être accordée par le COL sur demande.

15. SYMPOSIUM "QUEL FOOTBALL POUR LES TRANSPLANTES? "

Une conférence gratuite et ouverte à toutes et tous, sur le thème "quel football pour les transplantés ?" (en français et anglais avec traduction en live français/anglais) se déroulera à 18h le jeudi 24 octobre 2019 à l'hôtel de Ville de Tours.

16. SITE INTERNET ET RESEAUX SOCIAUX

www.trans-forme.org/world-football-tournament

www.facebook.com/TransFormeAssociation

www.twitter.com/TransFormeDON

#WTFT2019

17. CONTACT – Comité d'Organisation Local

Trans-Forme

66 Boulevard Diderot

75012 PARIS (FRANCE)

Tél. : + 33 1 43 46 75 46 / Fax : +33 1 43 43 94 50

INSCRIPTION

A renvoyer avant le 16 septembre 2019

PAYS : FRANCE

NOM :

	REGISTRATION FEE	QTY	TOTAL
Competitor	290 €		
Accompanying Person	290 €		
TOTAL <i>to be paid by the 16TH of September at the latest</i>			€

RFC – REGISTRATION FORM / COMPETITOR - RECIPIENT

A renvoyer avant le 16 septembre 2019

PARTICIPANT INFORMATION

First name: _____ **Family name:** _____ **M** **F** **Country:** _____

Organ(s) transplanted: _____ Date of last transplantation (dd/mm/yy): _____

Date of birth (dd/mm/yy): _____ Age (at date of opening): _____

Address: _____ Post code: _____

City: _____ Country: _____

E-mail: _____ Home telephone: _____ Mobile telephone: _____
(with country & area code) *(with country & area code)*

Emergency contact: _____ Home telephone: _____ Mobile telephone: _____

Belly circumference (for kidney recipient only) : _____

REQUESTS I require disability assistance

I would like to share my bedroom with (full name): _____

Dietary requirements: Vegetarian Other _____

***Signature:** _____ **Date (dd/mm/yy):** _____

*For participants under 18 years (minors), signature of parent or guardian – complete below & complete form RFPW(C) & RFUM (p.14 & p.15), if necessary

If minor: Unaccompanied Under the responsibility of First name: _____ Family name: _____

RFC – REGISTRATION FORM / COMPETITOR – NON-RECIPIENT

A renvoyer avant le 16 septembre 2019

PARTICIPANT INFORMATION

First name: _____ **Family name:** _____ **M** **F** **Country:** _____

I am: Living donor Donor family Transplant doctor Transplant coordinator or nurse

Date of birth (dd/mm/yy): _____ Age (at date of opening): _____

Address: _____ Post code: _____

City: _____ Country: _____

E-mail: _____ Home telephone: _____ Mobile telephone: _____
(with country & area code) *(with country & area code)*

Emergency contact: _____ Home telephone: _____ Mobile telephone: _____

REQUESTS I require disability assistance

I would like to share my bedroom with (full name): _____

Dietary requirements: Vegetarian Other _____

***Signature:** _____ **Date (dd/mm/yy):** _____

*For participants under 18 years (minors), signature of parent or guardian – complete below & complete form RFPW(C) & RFUM (p.14 & p.15), if necessary

If minor: Unaccompanied Under the responsibility of First name: _____ Family name: _____

RFAP – REGISTRATION FORM / ACCOMPANYING PERSON*A renvoyer avant le 16 septembre 2019***PARTICIPANT INFORMATION****First name:** _____ **Family name:** _____ **M** **F** **Country:** _____**Team Manager** **Team Physician** I am: Transplanted Living donor Donor family Physician Nurse Physiotherapist

Other: _____

I am accompanying (competitor / NC participant): First name: _____ Family name: _____

Date of birth (dd/mm/yy): _____ Age (at date of opening): _____

Address: _____ Post code: _____

City: _____ Country: _____

E-mail: _____ Home telephone: _____ Mobile telephone: _____
(with country & area code) (with country & area code)

Emergency contact: _____ Home telephone: _____ Mobile telephone: _____

REQUESTS I require disability assistance

I would like to share my bedroom with (full name): _____

Dietary requirements: Vegetarian Other _____***Signature:** _____ **Date (dd/mm/yy):** _____

*For participants under 18 years (minors), signature of parent or guardian – complete below & complete form RFPW(C) & RFUM (p.14 & p.15), if necessary

If minor: Unaccompanied Under the responsibility of First name: _____ Family name: _____

RFP – FEES & PAYMENT

A renvoyer avant le 16 septembre 2019

PARTICIPANT INFORMATION

First name: Family name: M F Country:

PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT. COMPLETE BELOW, WHERE INDICATED.

ALL INDICATED PRICES ARE IN €UROS

Item	Included	Fee	Quantity	Amount due
Competitor	6 nights, 6 breakfasts, 5 lunches, gala dinner, insurance cover, competitions entries	290		
Accompanying Person	6 nights, 6 breakfasts, 5 lunches, gala dinner, insurance cover, competitions entries	290		
TOTAL				
To be paid to LOC by 16.09.2019		(Total-Deposit)		

Not included:

- *Transport & transfer to/from Tours airport*
- *Dinners (except the Gala Dinner)*
- *Travel insurance*

RFPW(A) – ADULT PARTICIPANT WAIVER & GENERAL RELEASE OF LIABILITY

A renvoyer avant le 16 septembre 2019

PARTICIPANT INFORMATION

First name: _____ **Family name:** _____ **M** **F** **Country:** _____

The First Invitational World Transplant Football Tournament provide an opportunity for transplant recipients to display their skills and celebrate the important benefits of sports activities. We want participants to experience these benefits while recognizing that participation in any physical activity entails risks.

DECLARATION

Part A

I hereby agree to information being released to the media and to being interviewed or photographed in connection with my participation in the First Invitational World Transplant Football Tournament.

Part B

In consideration for the opportunity to participate in the First Invitational World Transplant Football Tournament in Tours, France:

I _____ (print first name & family name in full)

on behalf of myself, my next-of-kin, my heirs, executors, administrators and assigns, hereby release and discharge the French Sport Transplant & Dialysis Federation "Trans-Forme" and the World Transplant Games Federation, other Games representatives and agents for any injury, loss, or damage to my person or property and all expenses and costs, however caused, arising out of, or in connection with my participation in the First Invitational World Transplant Football Tournament and associated activities and notwithstanding that the same may be contributed to, has been contributed to or occasioned by the negligence of the French Sport Transplant & Dialysis Federation "Trans-Forme" and the World Transplant Games Federation.

I am aware and agree that the release and discharge given by me to the French Sport Transplant & Dialysis Federation "Trans-Forme" and the World Transplant Games Federation includes their officers, directors, employees, representatives and agents.

Part C (competitors only)

I have discussed the possibility of any adverse effects of the event on my health with my physician who is in agreement with my decision to participate.

I confirm that I have been training for the event and am physically fit.

Signature: _____ **Date (dd/mm/yy):** _____

WITNESS

First name: _____ **Family name:** _____ **Relationship to above signatory:** _____

Signature: _____ **Date (dd/mm/yy):** _____

RFPW(C) – CHILD PARTICIPANT WAIVER & GENERAL RELEASE OF LIABILITY

A renvoyer avant le 16 septembre 2019

CHILD INFORMATION

First name: Family name: M F Country:

PARENT / GUARDIAN INFORMATION

First name Family name Father Mother Legal guardian

The First Invitational World Transplant Football Tournament provide an opportunity for transplant recipients to display their skills and celebrate the important benefits of sports activities. We want participants to experience these benefits while recognizing that participation in any physical activity entails risks.

DECLARATION

Part A

I hereby agree to information being released to the media and to the above named child being interviewed or photographed in connection with his/her participation in the First Invitational World Transplant Football Tournament.

Part B

In consideration for the above named child's opportunity to participate in the First Invitational World Transplant Football Tournament in Tours, France:

I _____ (print first name & family name in full)

on behalf of myself, my next-of-kin, my heirs, executors, administrators and assigns, hereby release and discharge the French Sport Transplant & Dialysis Federation "Trans-Forme" and the World Transplant Games Federation, other Games representatives and agents for any injury, loss, or damage to the above named child's person or property and all expenses and costs, however caused, arising out of, or in connection with the above named child's participation in the First Invitational World Transplant Football Tournament and associated activities and notwithstanding that the same may be contributed to, has been contributed to or occasioned by the negligence of the French Sport Transplant & Dialysis Federation "Trans-Forme" and the World Transplant Games Federation.

I am aware and agree that the release and discharge given by me to the French Sport Transplant & Dialysis Federation "Trans-Forme" and the World Transplant Games Federation includes their officers, directors, employees, representatives and agents.

Part C (competitors only)

I have discussed the possibility of any adverse effects of the event on the above named child's health with his/her physician who is in agreement with my decision for the above named child to participate.

I confirm that the above named child has been training for the event and is physically fit.

Signature: Date (dd/mm/yy):

WITNESS

First name: Family name: Relationship to above signatory:

Signature: Date (dd/mm/yy):

RFUM – PARENTAL AUTHORISATION FOR MINORS

A renvoyer avant le 16 septembre 2019

PARTICIPANT INFORMATION

First name: Family name: M F Country:

Date of birth (dd/mm/yy): Age (at date of opening ceremony of Tournament):

PARENT / GUARDIAN INFORMATION

First name Family name Father Mother Legal guardian

E-mail: Home telephone: Mobile telephone:

DECLARATION

I, the undersigned and parent or guardian of the above named child, do hereby acknowledge that:

1. To the best of my knowledge, the information in the various registration forms I have provided the Team Manager of my country is correct.
2. I authorise the above named child to participate at the First Invitational World Transplant Football Tournament at Tours, France, organized by the French Sport Transplant & Dialysis Federation – Trans-Forme, to be held between 20-26 October 2020 at Tours.
3. Accept for him/her all the life rules needed for a successful stay at Tours, and authorize the Local Organising Committee Chairman to eventually take any decision that will be needed concerning him/her.
4. Authorize the official medical staff of the First Invitational World Transplant Football Tournament to eventually take all relevant measures (medical treatments, hospitalization, surgery) that would be needed.

Signature: Date (dd/mm/yy):

**GUIDELINES FOR THE COMPLETION OF THE MEDICAL FORMS
FOR THE 1ST INVITATIONAL WORLD TRANSPLANT FOOTBALL TOURNAMENT**

A renvoyer avant le 16 septembre 2019

Before competing in the First Invitational World Transplant Football Tournament it is expected that your general health and fitness are stable as judged by your **Transplant Follow-up Doctor** and conform to the criteria outlined in document MF4.

Your health is to be measured by the tests performed by your **follow-up doctor** and if necessary your **follow-up cardiologist or a sports doctor**. You are responsible for maintaining your own training program, preferably in conjunction with a Club membership and a sporting advisor/coach.

What documents do I need to provide?

- A. All transplant recipients must complete and forward to their Country Team Manager:
 - 1. A signed and verified **Statement** by the Participant (Form MF2) giving details of your regular training program.
 - 2. **Medical Certificate** (Form MF3) signed by your Transplant Follow-up doctor, confirming your general state of health, based on the usual check-ups and tests undertaken by him. This document must be completed no earlier than 4 months before the Tournament.
 - 3. A summary of your **Medical Records** (Form MF4) showing the most recent information signed by your Transplant Follow-up doctor.

- B. In addition, if you are participating in a medium or high level stress sport or are over 50 years of age, the Medical experts of WTGF **recommend** that you undertake the following medical tests:
 - 1. A Cardiac Stress Test/Stress ECG and blood pressure measurements dated no later than 4 months prior to the Tournament for heart, lung and heart/lung patients. All other recipients and recipients over 50 years – dated not earlier than 6 months prior to the Tournament.
 - 2. Your **Cardiologist** who has overseen the stress test should be requested to complete the Medical Certificate (MF3) in its entirety, certifying that he/she agrees that it is safe for you to compete in your chosen sports and listing those sports specifically.
 - 3. Please enclose the results of your stress test which is provided by your **Cardiologist**.
 - 4. Lung Transplant recipients should provide Respiratory Function test results.

Notes for Transplant Doctors

The Medical Committee of WTGF would wish to draw your attention to the specific physical requirements of the First Invitational World Transplant Football Tournament and to the absolute need to guarantee the safety of all transplant athletes.

*Therefore, in advance of the event, we expect the stress test and Medical Certificate (MF3) to play a large part in our decision to allow an athlete to compete and it is for this reason that **we rely on your co-operation in the correct completion of the medical documents.***

We take responsibility in liaison with the Local Organizing Committee for the medical cover for all sports venues during the event and it is for this reason that the Medical Committee of WTGF insists on having sight of the updated medical dossier for each athlete.

Thank you for your cooperation and understanding.

MF – PARTICIPANT STATEMENT

A renvoyer avant le 16 septembre 2019

PARTICIPANT DETAILS

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ (dd/mm/yyyy)
Sex: M / F Original Disease: _____ First Transplant / Re-transplant,
Date of last Transplant: ____/____/____ (dd/mm/yyyy) Deceased / Living transplant,
Type: Kidney; Lung; Heart; Liver; Bone-marrow (from a donor), Pancreas & islet cell; Small Bowel
Address: _____
Email: _____
Emergency Contact Telephone number: _____ Mobile: _____
Next of Kin: Name: _____ Ph No: (____) _____

Part to be completed by Transplant follow-up doctor

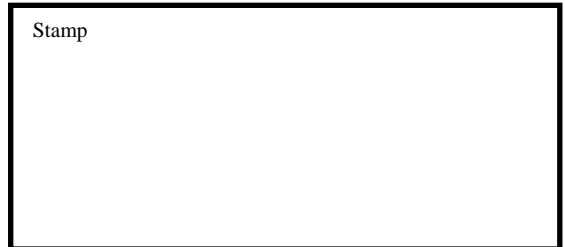
It must be completed and signed before to start the participation in training sessions.

I, Dr _____ Telephone (____) _____
Email _____
hereby certify that Mr/Mrs/Ms _____
Date of Birth: ____/____/____ Organ Transplanted: _____
Date of Transplantation: ____/____/____
has indicated that he/she wishes to compete in the football training and matches.

I certify that he/she has not any major rejection episode within the last month and he/she has no contraindications for participation in the football training and matches.

I advised to wear body protecting during the training sessions and matches.

Name: _____
Qualification: _____
Signature: _____
Date: _____



No medical information beside kind of transplant to trainer/coach!

MF1 – PARTICIPANT STATEMENT

(For all competitors)

A renvoyer avant le 16 septembre 2019

Football is the most played and most popular sport in the world. Embracing football under the WTGF banner is a natural step.

The mission of the WTGF's World Transplant Football Commission is to foster the development of the sport of football for transplant recipients at all levels.

A: FITNESS

I _____ hereby certify that I take part in football training as follows:
_____ times per week for a minimum of _____ minutes per session.

(We recommend a minimum of 2 times per week for a period of 20 minutes per session)

I intend to participate in the football training sessions followed team exhibition matches.

B: MEDICATION

	Name	Frequency/24 hrs.	Dose
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

I am / am not on Anticoagulants. (Please circle)

(Full Name)

(Signature)

(Email)

(Date)

MF2 – PARTICIPANT STATEMENT
(For recipient competitors)

A renvoyer avant le 16 septembre 2019

This information is requested from the **Doctor** who is in charge of your transplant follow-up. The form must be completed and signed before start of the training sessions and returned to the trainer/coach recognised by the National Transplant Organisation and Member of the WTGF.

Please note: This information will be carefully reviewed by the Medical team of the football organisation.

If the information provided is incomplete, the football player will not be permitted to participate in the Tournament.

PARTICIPANT DETAILS

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ (dd/mm/yyyy)

Sex: M / F Original Disease: _____ First Transplant / Re-transplant,

Date of last Transplant: ____/____/____ (dd/mm/yyyy) Deceased / Living transplant,

Type: Kidney; Lung; Heart; Liver; Bone-marrow (from a donor), Pancreas & islet cell; Small Bowel

Address: _____

Email: _____

Emergency Contact Telephone number: _____ Mobile: _____

Next of Kin: Name: _____ Ph No: (____) _____

Current Medications: *Please see MF1 or attach complete list including complementary medicines*

Allergies/Diet	Competitor's Height (cm)	
	Competitor's Weight (kg)	

LABORATORY DATA (input level of each test)

Creatinine		Blood Sugar	
eGFR (Glomerular Filtration Rate)		HbA1c (if DM))	
Haemoglobin		Cyclosporine Level (trough)	
ALT		FK Level (trough)	
AST		Hepatitis B (HBsAg)	+ / -
Bilirubin		Hepatitis B (anti-HBs)	+ / -
Alkaline Phosphatase		Hepatitis C (anti-HCV)	+ / -

CARDIO-VASCULAR AND RESPIRATORY STATUS

History of High Blood Pressure	YES	NO
Results of the most recent coronary angiogram or cardiac isotopic scan and date	Procedure: PTA / STENT / CABG – Yes / No Date:	

Baseline Blood Pressure (<150/90)		Lying		Standing	
Ejection fraction of left ventricle (EFLV)					
Rhythm abnormalities:					
Pulmonary function (if lung disease or lung transplant)		FEV1	Vital Capacity		

OTHER MEDICAL PROBLEMS e.g. Diabetes Mellitus, Epilepsy, Asthma

MEDICAL ADVISOR'S DETAILS

Name: _____ Signature: _____

Institute: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____ Date: _____

MF3 – MEDICAL CERTIFICATE

(For recipient competitors)

A renvoyer avant le 16 septembre 2019

Part A (to be completed by Transplant follow-up doctor)

It must be completed and signed within four months, till at latest one month, before the openings match of the Tournament and returned by the trainer/coach to the LOC Office

I, Dr _____ Telephone (____) _____

Email _____

hereby certify that Mr/Mrs/Ms _____

Date of Birth: ____/____/____ Organ Transplanted: _____

Date of Transplantation: ____/____/____

has indicated that he/she wishes to compete in the football Tournament.

I certify that he/she has not any major rejection episode within the last month and he/she has no contraindications for participation in the football training and matches.

I advised to wear body protecting during the training sessions and matches.

Name: _____

Qualification: _____

Signature: _____

Date: _____

Part B: (to be completed by Cardiologist)

Please note that Cardiac Stress Test is strongly recommended for heart and lung transplants, patients with history of coronary heart disease and those over 40-years of age and competing in medium or heavy stress level events. All football players must have a stress test desregard his/her age. Coronary angiograms may be required if the stress test is abnormal.

I have witnessed the stress test and blood pressure profile carried out on

Mr/Mrs/Ms _____ Dated: _____

Here are the results: (enclose a copy of the test)

Maximum strength tolerated and duration: _____

Percentage of maximal theoretic frequency: _____

Reason for stopping test: _____

ECG - rhythm abnormality Y/N

Resting pulse and maximal: _____

I certify that he/she has no contraindications to participate in the football.

Name: _____

Qualification: _____

Signature: _____

Date: _____

OR

I agreed don't need a stress test for the football tournament.

Name: _____

Qualification: _____

Signature: _____

Date: _____

Telephone: (____) _____

Email: _____

Part C: (to be completed by an Athlete who does not complete the stress test as requested)

I understand and accept the risk of not performing the stress test as suggested.

Name: _____

Signature: _____

Date: _____

MF4 – MEDICAL CERTIFICATE
(For non-recipient competitor)

A renvoyer avant le 16 septembre 2019

This information is requested from the **Doctor** who is in charge of your transplant follow-up. The form must be completed and signed before start of the training sessions and returned to the trainer/coach recognised by the National Transplant Organisation and Member of the WTGF.

Please note: This information will be carefully reviewed by the Medical team of the football organisation.

If the information provided is incomplete, the football player will not be permitted to participate in the Tournament.

PARTICIPANT DETAILS

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ (dd/mm/yyyy)

Sex: M / F Original Disease: _____ First Transplant / Re-transplant,

Date of last Transplant: ____/____/____ (dd/mm/yyyy) Deceased / Living transplant,

Type: Kidney; Lung; Heart; Liver; Bone-marrow (from a donor), Pancreas & islet cell; Small Bowel

Address: _____

Email: _____

Emergency Contact Telephone number: _____ Mobile: _____

Next of Kin: Name: _____ Ph No: (____) _____

Current Medications: *Please see MF1 or attach complete list including complementary medicines*

Allergies/Diet	Competitor's Height (cm)	
	Competitor's Weight (kg)	

LABORATORY DATA (input level of each test)

Creatinine		Blood Sugar	
eGFR (Glomerular Filtration Rate)		HbA1c (if DM))	
Haemoglobin		Cyclosporine Level (trough)	
ALT		FK Level (trough)	
AST		Hepatitis B (HBsAg)	+ / -
Bilirubin		Hepatitis B (anti-HBs)	+ / -
Alkaline Phosphatase		Hepatitis C (anti-HCV)	+ / -

CARDIO-VASCULAR AND RESPIRATORY STATUS

History of High Blood Pressure	YES	NO
Results of the most recent coronary angiogram or cardiac isotopic scan and date	Procedure: PTA / STENT / CABG – Yes / No Date:	
Baseline Blood Pressure (<150/90)	Lying	Standing

Ejection fraction of left ventricle (EFLV)			
Rhythm abnormalities:			
Pulmonary function (if lung disease or lung transplant)	FEV1	Vital Capacity	

OTHER MEDICAL PROBLEMS e.g. Diabetes Mellitus, Epilepsy, Asthma

I, Dr certify that have no contraindication to the practice of football in competition.

I, Dr certify that Is unable to practice football in competition.

MEDICAL ADVISOR'S DETAILS

Name: _____ Signature: _____

Institute: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____ Date: _____