



Ministry of Health
Sri Lanka

Sports Medicine Guideline Manual

For Issuing Pre-Participation Examination (PPE)/
Pre-Event Examination (PEE) Medical Certificates



Sports Medicine Development Committee
2023

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Guideline for Pre-Participation & Pre- Event Medical Screening

3rd Edition

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Preface

Sudden athletic/cardiac death is defined as an unexpected death from cardiac causes that occurs within one hour or within 24 hours in unwitnessed cases from the onset of an acute changes in cardiovascular status as a result of physical activity in the absence of external causal factors. It often occurs during exercise, but it can also occur at rest and sometimes during sleep. The death of



Greek Army messenger “Pheidippides” in 490 BC probably the first documented sudden cardiac death due to extreme physical activities. He ran 42.2 Km from city Marathon to Athens to deliver the victorious message to the emperor at the assembly, exclaiming ‘we have won’, before collapsing and dying. The distance and the name Marathon running for long distance running is in commemorate with this tragic incidence. Since ancient era up to date the medical profession in continues battle against sudden athletic deaths.

In Sri Lanka in 2014 four consecutive deaths were reported among school marathon runners within 2 months, as a result the Ministry of Health severely encountered this issue in early 2014. But even before there had been three sudden athletic deaths reported in 2012 and two deaths reported in 2013. Majority of those deaths were taken place while competing in school road race. Ministry of Health formulated an expert committee. The Sports Medicine Development Committee chaired by the Deputy Director General (Medical Services) II. The rest of the committee members include the specialists from Cardiology, Paediatric Cardiology, Orthopaedics, Gastroenterology, Nutrition, Radiology, Medical Administration, Exercise Physiology and Sports & Exercise Medicine.

Meetings were held at the Ministry of Education with the participation of officials from the Ministry of Sports to formulate standard screening tool for sports medical fitness. After many rounds of discussions committee finalized the official medical documents for athletic screening termed H-1246 Document for Pre-Participation & Pre-Event Medical Clearance Certificate. Along with consensus agreements on Sports medical screening were published as a Ministry circular MA/MS/E/06/2012(II) dated 10th of October 2014 by the Hon. Secretary to the Ministry of Health.

Training of Medical officers as an authorized Medical officer to issue H-1246 fitness certificate commenced on 8th of April 2016. The version 1 of the guideline manual published and distributed among medical officers participated. In 2018 the version 2 of the guideline manual published and island wide training program for medical officers

were conducted. Since the beginning of island wide training of medical officers to perform sports fitness medical screening, there haven't been sudden athletic deaths reported particularly among the target population, the school athletes. Thus, this effort became a success with the contribution of all stakeholders and trained authorized medical officers delivering their service to the public. Since the beginning of island wide training of medical officers to perform sports fitness medical screening, there haven't been sudden athletic deaths reported particularly among the target population, the school athletes.

Thus, this effort became a success with the contribution of all stakeholders and trained authorized medical officers delivering their service to the public.



Message from Hon. Minister of Health

Dr. Keheliya Rambukwella

Minister of Health

I am pleased and encouraged to witness the evaluation of sports medicine and its application in Sri Lanka with laudable initiatives such as this training program and guideline handbook.

Health risks are a danger at any point of time to human beings, but more so when they are engaging in strenuous activity such as sports. Evidence of this is visible in the numbers of injuries and fatalities as a result of sports activities prevalent today.

Addressing this as a key area of attention is paramount. Standardizing pre-sport medical screening and providing a robust, proactive response in the event of an anomaly has to be ensured.

This program executes that brief with greater precision than any initiative before.

Filtering this knowledge down to the general public should also be treated with equal importance. Public awareness will play a pivotal role in preventative measures. I have every confidence that the Ministry of Health will lend all assistance in this regard, to ensure this. To all the stakeholders including the participants of this training program, resource person, the sport medicine development committee of the Ministry of Health and with special attention, our doctors who I believe are of the highest caliber, I would like to wish you very best in this endeavor.



Message from the Secretary of Health

Mr. S. Janaka Sri Chandraguptha

Secretary of the Ministry of Health

Sports and exercises medicine is one of the emerging medical specialties in Sri Lanka. Ministry of Health is very keen on the development of this specialty and rendering its fullest support to the field for their development.

We, In the Ministry have a clear view and understanding on the benefits of sports and exercise medicine not only for the sporting arena but for the Non – Communicable diseases prevention. In the past few years Ministry of Health has created different opportunities for the doctors who are practicing in sports medicine field.

In 2015 ministry has sent 25 medical officers for and overseas residential training program in Malaysia at University of Malaysia. In service CME training sports medicine medical officers were conducted in 2016. There were two hands on skill development programs conducted by the Ministry of Health with the generous sponsorships from the private sector.

Taping workshop and Thera-band and Gym ball workshop were conducted under the supervision of two eminent professors in the respective fields.

There has been seventeen sport medicine units established island wide under the guidance of Ministry of Health. Further, Ministry of Health determinant to established 25 sports medicine units island wide, one per each district delivering the sports medicine care for all citizens in Sri Lanka.

The aim of this revised 3rd edition of the guideline manual in 2023 for doctors is to transfer the updated knowledge, international protocols and guidelines for their knowledge and skill development.

Ministry is happy to announce that, since introduction of this medical fitness assessment program, there had been dramatic reduction of sudden athletic deaths among over school children which were the main expected outcome of the training of doctors in this regard.

This will finally benefit the doctors themselves and the society, being the healthy fit nation.

Here, I keep my warmest regards for all stakeholders involved in this national program.



Message from the Director General of Health Services

Dr. Asela Gunawardena

Director General of Health Services

Ministry of Health

Sudden cardiac deaths among athletes are still a tragic and dramatic situation worldwide.

The battle against sudden cardiac/athletic deaths not a new challenge to Sri Lanka. Since 2013, we have experienced around thirteen such deaths spreading most of the years up to date.

Very recently, two deaths have been reported one being a kid around 10 years old and middle-aged person while taking part 'Awurudu Marathon" without proper medical screening and disregarding hostile hot & humid adverse weather conditions. Therefore, it seems that the battle against sudden athletic deaths is still warrants in great importance and a mandatory requirement and should not look aside.

Ministry of health is always in pursue of good health of the society and safe participation of physical activities and sports.

During my carrier as a medical administrator I have put my effort to establish the sports medicine unit in Colombo South Teaching Hospital by which I could accomplished the above-mentioned objectives to a great deal.

Having a sports medicine unit in a hospital enhance the value-added quality of care to the public.

Pre – Participation Evaluation before physical activities and the yearly periodic health assessment there after considered the most scientific way of ensuring safe participation in physical activities and competitive sports. Thus, Ministry of Health has formulated universal screening program with the collaboration of two other ministries, Ministry of Sports and Ministry of Education.

Introduction of H-1246 Fitness certificate by the expert panel of the sports medicine development committee made the screening process streamlined and island wide. The filling of the H-1246 certificate by an authorized medical officer after participation the training program conducted by the committee will ensure the uniformity of the risk evaluation.

I encourage all medical officers to take part in the training program which is an excellent CME program and acquire an additional skill of performing a comprehensive sports medical evaluation.

I wish all the best to the sports medicine development committee and the participating doctors who are voluntarily dedicated to do this duty for our nation.



Message from the Deputy Director General (Medical Services) II

Dr. G. Wijesuriya

Deputy Director General (Medical Services) II
Ministry of Health

As the focal point of sports medicine development committee chairperson, I would like to express my heartiest gratitude to all the stakeholders of the committee for their generous untiring effort to make this program a success for the 3rd occasion.

It was a great privilege and experience for me to conduct meetings with many different medical specialists and professionals from the ministry of education and ministry of sports and come to a fruitful scientific recommendations and conclusions to revise the pre- participation and Pre- event medical screening protocols.

Medical service department is on continuous surveillance on capacity building of sports medicine field. Specially creating new carder positions for specialists and grade medical officers in this field.

Policy making and decisions has to be taken at timely intervals with the new development and advancement in the field. The committee is an immense strength and support to the ministry of health in this regard.

This year I have included specialist participation from related other medical specialists in developing the screening guidelines. Those include Emergency medicine, Doping & prohibited substance, Sports science, Sports Physiotherapy, Sports Nutrition and medical administration.

This diversity of the committee makes all of us aware of many related conditions and the possible preventive measures and solutions.

The private sector hospitals and GP centers are all cornerstone for delivering healthcare facilities. I have noticed that last minute requirements would be difficult on a day when the government clinics are not functioning. Therefore, the committee has taken another step forward and deciding on enrolling the doctors in the private sector to take part in this training program subjected to a nominal fee.

Covid-19 pandemic made serious difficulties in organizing this training program. Fortunately, the funding by HSDP funds made this program a reality. I must thank all the officers working in funding process.

The provincial Health directors and Regional deputy directors showed a great interest on this training program and sent me numerous requests to conduct this in their respective provinces.

I invite all health administrators to make the fullest participation of their medical officers to get the maximum use of this wonderful training opportunity.



Message from the Director (Medical Services)

Dr. Ayanthi Karunaratna

Director (Medical Services)
Ministry of Health

Sports, Games and Play all by means are different levels of physical activities either taken part at competitive or non- competitive levels. The intensity of the physical activity would greatly vary according to the nature of the sport or the physical activity mainly depending on the dynamic and static components of the particular sport. Thus, the health risk may also vary in great details in parallel with the nature of the sport.

The biggest threat and challenge to our sport medicine field is that creating a safe environment for the athlete to engage in safe participation in physical activities. It's virtually very difficult to give a 100% guarantee that one would not encounter any adverse outcome while doing physical activities.

The reason for this many would have ongoing medical illnesses, and some are yet to be diagnosed. The congenital illnesses may still be hidden till the last suitable moment to appear. Therefore, performing a physical fitness screening prior to exercise and sports carries considerable risk and responsibility to the physician involved in. Thus, many of the doctors would not want to come across such nuisance in their carrier and it's acceptable by professional norms. But still we need to overcome this hindrance. The ministry of health took this bold decision to train doctors and give them a professional cover through the ministry of health by license them as authorized medical officer to do the sports pre- participation & pre- event screening medicals, the H-1246 document.

This time ministry of health considered enrolling the doctors employed in private sector to be trained as licensed & authorized medical officers to perform this medical screening. This will decentralize and spread the service to the mostly required rural areas where the private sector medical service highly involved.

Therefore, I invite all interested doctors to join this program every other year where the ministry of health planning to conduct provincially, which is essentially a CME program for their carries.

Warm Regards.



Message from the President Sri Lanka Sports Medicine Association

Prof. Aranjan Karunanayake

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President Sri Lanka Sports Medicine Association

Sports and exercise medicine (SEM) is a relatively new medical specialty that comprises of two components. That is sports medicine and exercise medicine. This specialty plays a major role in promoting health and fitness among athletes and exercising individuals and help them to achieve their optimum performance level. These specialists play a key role in combating physical inactivity and non-communicable diseases which are menacing to rise to epidemic levels.

This specialty has been recognized as a distinct medical specialty in several countries in the world including Sri Lanka. In some countries SEM specialty is a branch of Medicine and in some it is a branch of Surgery. In countries such as United Kingdom and Sri Lanka, SEM specialty is a branch of Medicine.

SEM focuses on health promotion, prevention, treatment and rehabilitation of sports injuries and diseases which include chronic lifestyle or non-communicable diseases (NCDs). SEM specialty helps to enhance human performance to optimum level by incorporating knowledge of physiology, biomechanics, sports psychology, sports nutrition and other subjects related to sports sciences.

Therefore, this specialty has the need to attend to matters related to suboptimal health, promote and maintain optimal health and deal with matters related to supra optimal health which is required for ultimate success in sports. To achieve the supra optimal health it is essential to stretch the human physiological limits without causing injuries to body structures.

Sport and Exercise Medicine specialty and its association with other specialties.

Athletes and exercising individuals are not only affected by sports injuries, but they are also be affected by all the illnesses and diseases which any human being is subjected to. Therefore, SEM doctors must have additional knowledge related to various overlapping medical disciplines such as (orthopedic, radiology, surgery, general medicine, rehabilitation, rheumatology, family medicine, emergency medicine, pediatrics, gynecology and obstetrics, cardiology, neurology, endocrinology, psychiatry, public health etc.). In addition they must have a thorough knowledge on sports science related subjects such as biomechanics, exercise physiology, sports nutrition, sports psychology, electrotherapy etc. Although they should possess knowledge on all these subject areas, SEM doctors have an ethical duty to get appropriate advise from the other relevant specialists when managing athletes and exercising individuals.

SEM Training

In most countries, SEM training varies widely in duration ranging from 2 to 6 years and can be done after basic medical graduation; or after other primary medical specialties (such as orthopedic surgery; emergency medicine, family medicine, paediatrics and medical physiology etc.). In Sri Lanka, SEM training can be commenced after medical graduation, internship training and one year post intern training. The minimum training duration at present to become a Board Certified Consultant will take a minimum of five and a half years, which includes the one year of Post graduate diploma training and the two years required for board certification. After obtaining this specialty in Sri Lanka, these physicians can progress on clinical route and also on an academic route.

Major spheres under SEM Specialty

Injury prevention, rehabilitation and sports performance

The increase in physical activity often goes together with increase sports participation, sport and exercise related injuries and illnesses. People taking part in sport and exercise ranges from weekend warriors to professional elite athletes. Therefore, it is the responsibility of the SEM physicians to provide relevant care to both these groups. High-performance Sport and Exercise Medicine is a sub-area of SEM which focuses on high-performance of elite athletes. This includes helping athletes to optimize their health, well-being and to achieve the highest sports performance even under high physiological loads and extreme stressful circumstances. The physiological, psychological, medical and social issues that need to be faced by elite athletes are much more different from those of recreational athletes and general population. Which means, providing medical, surgical, psychological and rehabilitation care to elite athletes is much more challenging than providing care to recreational athletes and general population. SEM specialists must also be well trained to handle complex ethical issues and conflicts that can arise due to interactions between athlete, team, coach, family, physician etc. These issues are

much more complex than the issues that usually arises during a conventional doctor and a patient relationship.

Contribution to prevent Doping menace

Although a wealth of information is available regarding the harmful implications of banned substances (ex anabolic and androgenic steroids, steroid hormones, stimulants, narcotics) on human body and the punishments that are there for using such substances, doping still remains a major challenge in the world. Respecting and adhering to the World Anti-Doping Agency (WADA) Code is mandatory for all athletes taking part in competitive sports. SEM doctors have a major role in spreading awareness to athletes and other athlete support personnel which includes coaches, trainers, family, relatives and friends since athletes usually seek advice from them on matters related to supplements and other nutritional advice which they may not be adequately equipped to advice athletes.

Travelling with a team and working under altered physiological conditions

In many developed countries it is mandatory that a SEM physician should accompany a sports team travelling for competition or training. In most instances the travelling involves crossing several time zones. SEM physicians have the knowledge to engage in overall medical care for individuals involved in physical activities and sports after crossing several time zones and also performing under altered and extreme physiological conditions such as exposure to extremes of temperature and baro metric pressure.

Prevention role in non-communicable diseases

SEM physicians have a significant role to play in prevention and treatment of non-communicable diseases and to promote health. Therefore, they have to be equipped with up to date knowledge on types, intensities, frequencies and durations of physical exercises that are useful to prevent illnesses and promote health. In addition these SEM physicians must have a knowledge on available opportunities and barriers (personal, environmental and social) for regular participation in physical exercises and good counselling skills to promote health.

In summary, Sport and Exercise Medicine is a branch of medicine that deals with physical activity and physical exercise to promote health and fitness among athletes and people who are physically active with an ultimate aim of optimizing health, human performance and doping free sports performance. Therefore, SEM physicians must have a sound academic and theoretical back up, clinical experience, research and practical laboratory skills that will enable them to conduct up to date research and use research knowledge in their clinical practice to prevent injuries and illnesses and optimize sports performance.

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Background of Pre-participation & Pre- Event Medical screening

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Pre participation evaluation and periodic medical examination

Sudden death of a previously healthy young athlete on a playing field has been a most tragic and devastating event. The most common causes are heart related and very few are due to other causes. The unexpected loss of a young athlete's life due to sudden death has drawn significant attention and raised concerns within the sporting community and the society at large. The latest incidents were related to few deaths during Sinhala New Year season. The exercise related to sudden deaths are uncommon but it was prevalent though all are not reported or given much publicity.

Preparticipation examination (PPE) consists of history taking, relevant examination, doing basic investigations and field tests with the focus on optimizing health, safety and performance of sportsperson. It is a mandatory administrative and legal requirement in certain sports and in certain age groups.

Objectives of preparticipation examination;

- To provide an entry point to medical care
- To screen for potentially life threatening conditions
- To identify current illnesses, injuries or chronic conditions that may endanger the players
- To identify ongoing medical sequelae like concussion
- To identify factors that may increase risk of future injury or illness
- To review medications
- To provide education and advice
- To provide medical clearance to participate in sport

Ultimate objective is to provide medical clearance to safely participate in sports.

The physical, psychological and social benefits of physical activity and sports participation are well recognized. As medical practitioners it is our responsibility to make a safe platform for sports participation giving appropriate clearances.

When we screen for potentially life-threatening conditions the evidence claims most are due to cardiac causes. Therefore, one of the main objectives of PPE is prevention of sudden cardiac deaths (SCD). Out of cardiac causes, most of them are inherited like hypertrophied cardiomyopathy, coronary artery defects, conduction system

abnormalities, heart valve defects, aortic disorders and ion channelopathies. There is a detailed description in cardiac chapter. During PPE we inquire about any hints in history that will lead to potential cardiac causes like unheralded syncope, family history of SCD in young.

When we go through the past incidents of SCD, a certain percentage reported who had structurally normal hearts. Out of those most were due to cardiac causes like congenital long and short QT syndromes and brugada syndrome which can be detected by going through history, examination and mandatory electrocardiogram testing (ECG). Therefore, proper history, examination, ECG and field test is of paramount importance in pre participation examination.

The acquired causes are infections which are leading to myocarditis, certain drugs like amphetamines, electrolyte imbalances, hyper and hypothermia. The traumatic causes include commotio cordis in which there is direct blow to the heart in contact sports leading to sudden death.



Prevention and management of Heat injuries in sports

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Heat related illness describes a continuum of illnesses ranging from mild, self-limiting conditions to severe and potentially fatal. Entities include heat rash, heat edema, heat cramps, heat syncope, heat exhaustion, and heat stroke. While heat exhaustion is the commonest presentation, heat stroke is a medical emergency with mortality estimated to be range from 10% to 50%.

Pathophysiology

- Body heat loss is controlled mainly by hypothalamus and the peripheral receptors in the skin and organs.
- The temperature gradient created between the core of the body and skin (skin being slightly cooler than the core) promotes heat dissipation. Naturally this dissipation is reduced when the gradient is narrowed. The critical environmental temperature point is approximately 35°C (95°F). As the ambient temperature and relative humidity increase, body cooling becomes less effective.
- Hypothalamus regulates the body's mechanisms for cooling.
 - a. When the core temperature becomes elevated, the hypothalamus signals for vasodilation and the shunting of blood to the skin through sympathetic pathways occur resulting in heat loss.
 - b. Further due to signals of hypothalamus, increased sweat production resulting more loss of heat occurs.
 - c. The hypothalamus activity also causes behavioral responses to hot environments, including decreased exertion, removal of clothing, and sheltering from the heat.
- Once temperature increases in the body
 - a. A systemic inflammatory response syndrome-type response initiated. Interleukins, cytokines, and proteins are released during the acute phase. This leads to increased mucosal permeability that can cause endotoxins from the gastrointestinal tract to enter the systemic circulation and cause further endothelial and tissue injury.
 - b. It is also thought that as temperatures increase within the body, critical proteins are denatured, which leads to cell apoptosis and death as well as temperature-induced coagulopathy.

Clinical Presentation

- The diagnosis of heat-related illnesses can be challenging due to the lack of strict diagnostic criteria, other than for heat stroke.
- Conditions mentioned are,

1. Prickly heat (*miliaria rubra* or *lichen tropicus*)

Rash is described as pruritic, maculopapular, and erythematous. Usually found under clothed areas of the body and caused by the inflammation and occlusion of sweat ducts.

2. Heat edema

Lower extremity-dependent edema following heat exposure that is benign and self-limiting. Occurs due to changes in hydrostatic pressure changes, vascular leak, and cutaneous vasodilation.

3. Heat cramps

Refers to muscular cramping occurring during exercise in heat, which is related to salt deficiency and is usually benign. Involuntary, spasmodic contractions of skeletal muscles, caused by a relative electrolyte deficiency in the muscle, most likely due to hyponatremia. These cramps are more likely to occur after the muscles have cooled. Usually occurs during or after exercise.

(Rhabdomyolysis is a rare complication from sustained muscle contraction)

4. Heat syncope

A type of orthostatic syncope related to heat exposure that occurs in response to cutaneous vasodilation and the pooling of blood. It is characterized by a brief syncopal episode with a complete and rapid return to baseline.

(Important - consider heat syncope only in otherwise healthy patients with clear orthostatic causes. Heat syncope patients who have recurrent episodes and inconsistent with exercise-associated collapse or other clear explanation should be referred to cardiology to exclude cardiac syncope).

5. Heat exhaustion

Results from exposure to high environmental heat or strenuous exertion and may progress to heat stroke unless the patient is removed from the hot environment and/or decreases exertion; thermoregulation is not impaired.

Patients may have a normal or elevated core temperature (<40°C, 104°F).

The systemic symptoms include tachycardia, weakness, syncope, nausea, and vomiting. Early intervention is key to preventing progression to heat stroke. Rarely, heat exhaustion may be complicated by rhabdomyolysis, acute renal failure, and DIC.

6. Heat stroke

Defined as core temperature of $\geq 40^{\circ}\text{C}$ (104°F) and CNS dysfunction; this is accompanied by a systemic inflammatory response.

CNS dysfunction is the hallmark of this condition. Signs of CNS dysfunction include irritability and confusion but may progress to seizures, encephalopathy, and coma.

Circulatory collapse is present in some cases of heat stroke patients. Coagulopathy may be noted in the form of bleeding from IV sites.

Heat stroke is divided into two categories: Exertional heat stroke and classic heat stroke. Although the causes are different, the final pathways are similar.

- a. Exertional heat stroke occurs in patients participating in athletics or with an occupation that leads to heat exposure and exertion. The environment, use of gear, poor physical conditioning, and previous history of illness (can increase vulnerability) and lack of heat acclimatization can all contribute. This can occur even in temperate climates with exertion.
- b. Classic heat stroke often involves patients who have poor physiologic mechanisms for heat regulation, including groups with comorbidities, the elderly, young children, those on medications that impair physiologic responses to heat, or those with psychiatric or socioeconomic barriers.

***DIC is considered to be a prognostic factor in heat stroke.

DIC in heat stroke differs from DIC in sepsis; in heat stroke, fibrinolysis occurs in the acute phase.

Investigations

- Investigations are not usually required for minor heat-related illness but should be ordered in patients presenting with heat stroke and might be indicated in some patients with heat exhaustion.
- Blood Investigations
 - RBS – a must for any patient with confusion
 - FBC- Hb - may be high (along with PCV) due to hemoconcentration. WBC - cells may be elevated due to stress response or due to underlying infection. Platelets - normal initially but rapidly decrease 1-3 d after onset.
 - Electrolytes (Na, K, Ca, Mg, PO₄) reveal multiple abnormalities including hyperkalemia, hyponatremia, hypochloremia, hypocalcemia, and/or hyperphosphatemia.
 - RFT – evidence of acute kidney injury and dehydration. (Incidence of AKI is approximately 30% and may be due to direct damage or rhabdomyolysis).
 - LFT- may show significant increases in AST, ALT and LDH in the early stages. Total bilirubin begins to increase after 24-72 h. (Acute liver failure is seen in as many as 5% of patients with exertional heat stroke).
 - Coagulation Profile – can be normal on the first day of presentation but commonly become elevated on the second to third day, particularly in cases of

exertional heat stroke due to liver cell damage and subsequent factor deficiency.

- Creatine Kinase - normal or elevated. Severe muscle damage and rhabdomyolysis are suggested with a CK >5,000 U/L, whereas a CK >16,000 U/L correlates with an increased risk of acute renal failure.
- UFR - "tea-colored" urine or granular casts.
- **Imaging**
 - NCCT Brain - to rule out intracranial pathology.
 - X rays – as indicated.
- **Other tests**
 - ECG – myocardial infarctions and arrhythmias are common.
 - Lumber puncture – if CNS infection is suspected.

Management

Minor conditions related to heat

- Prickly heat (miliaria rubra or lichen tropicus):
- Wear loose fitting clothing and avoid sweating. Antihistamines, steroid cream, and calamine lotion for itching. Chlorhexidine washes can also be effective.
- Heat edema:
Compression stockings and lower extremity elevation are the treatments of choice. Diuretics are not effective and can compound other issues from heat stress including hypovolemia and electrolyte abnormalities. Heat edema usually resolves without treatment within several days.
- Heat cramps:
- Minimize exertion and replace fluids and salt orally.
- Heat syncope:
- Remove from heat and cease exertion; oral rehydration.

Heat exhaustion:

- Remove from heat and stop exertion.
- Hydration, either orally or IV.
- Although rarely necessary, cooling measures can be considered.

Heat stroke:

- Remove from the hot environment as soon as possible; stop all voluntary physical activity.
- Cooling is the most important therapy in classic and exertional heat stroke.

- Cooling should be initiated as soon as possible, even in the pre-hospital setting (American College of Sports Medicine).
- Patients' clothing should be removed prior to cooling.
- Aim – to rapidly cool <39°C ((to avoid overshooting and rebound hyperthermia).
- Ways of cooling
 - a. Cold water immersion is the most rapid and effective modality for rapid cooling in patients, especially in patients with exertional heat stroke. This method involves placing the patient into a bath of cold or ice water. Immersion can be impractical in the hospital setting and makes accessing the patient for monitoring and interventions difficult. Some sources have reported shivering and peripheral vasoconstriction to be a complication of cold-water immersion, but the benefits of cooling outweigh any possible risk, especially in the case of exertional heat stroke.
 - b. Evaporative cooling involves spraying the patient's skin with tepid water and then fanning the patient. This method has been studied more in classic heat stroke and is thought to be more effective in elderly patients in particular and in heat exhaustion in general.
 - c. Conductive cooling can be achieved using cooling blankets.

Ice packs are most efficacious when applied to the whole body. There is limited benefit of ice packs placed only on the axillae, neck, and groin.

Whole-body cooling by this manner can best be achieved by actively rotating ice packs and ice water-soaked towels across the body.
 - d. Cold IV fluids may also supplement other methods of cooling but are not considered sufficient alone.
 - e. Body cavity lavage (bladder, gastrointestinal, peritoneal) has not been well studied and there can be a significant downside to these techniques, because they are invasive.
- **Pharmacologic agent.**
 - a. Antipyretics – no benefit due to physiologic mechanism involved in heat stroke. Antipyretics may prove harmful in patients who develop hepatic, hematologic, and renal complications.
 - b. Dantrolene – no effect
 - c. Neuroleptics (eg, chlorpromazine), which were the mainstays of therapy in the past, are best avoided due to side effects.
- **Supportive care**
 - a. Hypoglycemia

Common occurrence may be a manifestation of liver failure; therefore, infusion of dextrose in water solution (D10/25/50W) should be considered in all patients with heat stroke.

- b. Fluids resuscitation –
Cooling per say improve the fluid status and hypotension due to redistribution of fluids to central compartment from peripheral. Hence aggressive fluid resuscitation is not recommended unless truly dehydrated.
- d. Agitation and shivering -
benzodiazepines used in patients with agitation and shivering, to stop excessive heat production.
- e. Seizures associated with heat strokes
Treatment is with benzodiazepines and barbiturates. Phenytoin is not effective. If fits are not controlled with the above options, patients need to be sedated and intubated.

Disposition

- Most minor heat illnesses have benign, self-limited courses, and patients are usually discharged to home. These conditions include prickly heat, heat edema, heat cramps, heat syncope, and, in most cases, heat exhaustion.
- Psychosocial factors should be considered before discharging patients.
- Heat stroke has a mortality range from 10% to 50%. Permanent CNS damage occurs in 20% of cases of heat stroke. Heat stroke patients require admission, usually to the ICU, for monitoring and to watch for and treat any end-organ damage.

Mortality in heat stroke correlates with the degree of temperature elevation, time until cooling methods are initiated, time to actual patient cooling, the number of organ systems affected, older age, and the number of comorbidities.

Prevention

- Prevention is key for all heat illnesses. Avoiding exertion or being outdoors at the height of the daily temperature and maintaining hydration are mainstays in preventing heat illness.
- The most reliably modifiable risk factor is hydration status. Dehydration has been linked to increased physiologic strain, decreased sweat rates, increased perceived exertion, and increased core temperatures. Hyperhydration has not been shown to have an effect on heat tolerance. Guidelines suggest that euhydration before activity and a “drink to thirst” mentality during exertion are preventative for heat-related illness.
- Athletes or soldiers in training are vulnerable to heat illness regardless of environmental temperature. Trainers, supervisors, and medical staff should be educated on heat illness, especially on the recognition of early stages.
- Acclimatization to hot and humid environments is also important for the prevention of heat illness. This is generally done by 1-2 h of exercise in heat over 10-14 d.

- Substance abusers are also at increased risk for heat-related illness, especially when using drugs that increase metabolic rate, such as amphetamines, cocaine, ecstasy, and phencyclidine (PCP), because these agents may cause an increase in body temperature regardless of environmental temperature.
- Depending on the patient and situation, physicians prescribing drugs such as anticholinergics, neuroleptics, and sympathomimetics should consider educating patients on the increased risk of heat-related illness.
- Clothing – it is advisable to wear light colored cloths and avoid dark colored ones.
- Other individual factors that impair heat loss through the skin can also increase the likelihood of heat illness. These include hypohidrosis, extensive scarring, and diminished cardiopulmonary reserve at the extremes of age.
- Overweight or obese individuals may be at increased risk for heat-related illness.

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2. Medscape - Heat Stroke: Practice Essentials, Pathophysiology, Etiology (medscape.com)
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4. Wilderness Medical Society Clinical Practice Guidelines for the Prevention and Treatment of Heat Illness: 2019 Update



Algorithm for Pre-participation & Pre-Event medical examination

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Coordinate with the client, Give basic preparation instructions and Fix an appointment date/place in advance

- Properly filled & Signed questionnaire
- 12 lead ECG strip with L11 long rhythm strip.
- Stamp size colour photograph
- Request letter from the relevant authority
- Other investigations (Optional- FBS, Hb,HCG,Lipid Profile,FBS,CXR)
- Previous diagnosis cards, clinic books ect.)



Venue/Location for Medical screening to be selected: - (Hospital, School) with facility to do the endurance test



Register the Athletes: The same Registry number will be put on the H 1246 Document



Carefully check the Personnel detail section and then Question 1- 27 for any discrepancy or abnormality

- Name, Age, DOB, ID or Passport No, Specific event or Sport, Consent
- Signatures of Athlete /Parent or Guardian if below 16 years
- If answers are 'yes' Check for need for referrals or advice from a specialist
- If the answer to question 27 is 'No' only the PPE will be issued and athlete will be asked to train for two weeks and come back to obtain the PEE
- Before the PEE done Athlete/Parents/Guardian have to sign the declaration



Do the Physical examination and fill the Details, Referrals & Recommendations on the back of the application form: - This form to be kept with the Doctor performing the medical screening for minimum of one year from the date of issue.



Check the Mandatory ECG and Optional other investigations and Document on the back of the application



Check of any contraindications for on the spot endurance test: - Differ if found any of those given below,
(Acute febrile illness, Diarrhoeas, Dehydration, Recent severe illness like Covid-19, Coronary events, ect.)
If none found, proceed for 15 min Jogging /if found any- refer to the guidelines given in the book or specialist



Passing on all above components the PPE/PEE (H-1246 Document) will be signed and given to the Athlete

The Sports Medicine Team

Sports medicine team is a group of health professionals whose major responsibility is the health and the safety of the athlete. The size and the scope of the health care team depends upon its locale, availability of other facilities and personnel, funding and the number of athletes to be cared for.

A. Organization

Peripheral Sports Medicine Team

- EMT
- PT – PA
- Nutritionist
- Massage Therapist
- Equipment & Ambulance facility
- Student AT
- Strength & Conditioning Coach
- Dentist-Endocrinologist
- Podiatrist – Neurologist – Cardiologist
- Primary Care Physician- Nurse
- Dermatologist – Psychologist
- Gynecologist – Chiropractor- Health care assistant

Central-Sports-Medicine Team

- ATHLETE
- ATC
- COACH
- PARENTS
- TEAM PHYSICIAN

B. Responsibilities

A team physician must be committed to athletes, must have knowledge of sport, must be interested in dealing with athletes at all levels, should live locally, & should consistently maintain a high quality of care for all athletes.

Relationship with the Athletic Trainer.

The most important relationship in regards to the athletes' health care.

Must advise ATC while trusting their decision making; Allows ATC to function independently

Same treatment philosophy as other team members.

Compiling Medical History

Conduct PPE & Screen for serious Medical Conditions.

Compile complete medical history

Establish baseline Diagnosing Injury

Physician Responsibility- evaluating and treating illness and injuries & referrals

Aware of rehab & treatment provided by ATC

Good communication with ATC about initial evaluation

Provide written diagnosis

Deciding on Disqualification- written guidelines and information to the athlete

Physician has final say on an athlete's disqualification based on medical grounds

Return to play is determined by physician based on recommendations from ATC & PT

Attending Practices & Games-More common in college or professional setting

Must be readily available to ATC, School, Athlete

Record keeping- clear patient records, referral forms and consultation reports and daily treatment log

Legal setup- Standards of care for sports medicine must be followed, Consent for care must be clearly spelled out and informed written consent obtained for procedures; Parental consent must be obtained for care of minors (< 16 years), Confidentiality of the information and disclosure of information guidelines must be in place, Medications should only be prescribed with informed consent of possible side effects; avoid prescribing medications banned by IAAF and the world Anti-Doping Agency-WADA.

Principles and Ethical Guidelines

A. Competence

Sports medicine professionals must be knowledgeable, educated, and experienced in the prevention and care of health problems, particularly those related to the sports for which they are responsible.

B. Sports Knowledge

Sports medicine personnel should have an in-depth knowledge of the sports for which they are responsible, including rules of competition. They must also understand the training process and the physical and mental demands training places upon an athlete. An active, wellness-oriented lifestyle enhances this understanding and improves rapport with coaches and athletes.

C. Confidentiality

An athlete has the right to expect medical staff to observe confidentiality. When serving as a team physician, the physician is responsible to the athlete, the team administration and the coaches, so there must be clear guidelines concerning the disclosure of medical information. Disclosure should be made only to responsible personnel and only for determining the athlete's fitness to participate. Ideally, medical information should be considered privileged, until the athlete gives permission to release information to the team, the coach, or the media.

D. Communication

There must be mutual respect among all the members of the medical staff and open communication concerning roles and responsibilities. In addition, medical personnel must communicate openly with coaches, athletes, parents, and family physician.

E. Participation

The primary care team physician or a physician competent in sports fitness assessment is responsible for determining an athlete's fitness to participate. This may occur during the pre-participation examination or after an injury is sustained in training or competition. The team physician may decide to involve special consultants to assist in these decisions.

F. Coordination

The primary care providers are responsible for coordinating the health care process among all the persons involved in the sports program, including the coach, other health professionals and para-professionals, sports scientists, administrators, families and family physicians, and the athletes themselves. Athletes must be instructed in health and safety practices and must bear a large degree of responsibility for their own welfare.

Pre - Participation Examination

Every participant in sports should receive a thorough pre-participation medical examination (PPE) by a knowledgeable sports physician. The examination may vary depending on the local system and administrative/legal requirements, but should encompass a detailed medical history and complete physical examination. The IAAF also recommends a physical examination prior to participation in major international competitions.

A. Primary Objectives

There are several primary objectives in conducting the pre-participation examination. These include:

1. Detect, Potentially Disabling or Life-threatening Conditions (both medical and musculoskeletal) Such conditions are primarily Cardiovascular, some of which may be clinically silent and not readily detected
2. Screen for Conditions that Predispose to Illness or Injury
The PPE allows the physician to screen for medical and musculo-skeletal conditions that may predispose to illness or injury during training and competition. These may include acute or chronic conditions (especially those that have been untreated), injuries that have not been completely rehabilitated, and congenital-developmental abnormalities. Detection of these conditions allows for rehabilitation or other therapeutic interventions such as management of exercises-associated asthma.
3. Meet Administrative Requirements
The PPE is conducted in order to meet administrative requirements of the appropriate sports or governmental agencies.

B. Secondary Objectives

1. Assess General Health
The PPE may be the only contact that the athlete has with a health care provider, especially those athletes with limited access to health care. Many young athletes may have chronic and untreated health problems that may require on-going management.
2. Entry into the Health Care System
The PPE may establish a relationship with the health care system, and provide an opportunity to get enter in to the system
3. Discuss Health and Lifestyle Issues
The interview offers an opportunity to discuss and counsel regarding a wide variety of topics, including nutrition and use of supplements, weight control practices, alcohol and substance abuse, proper training methods, and sexually transmitted diseases. Confidentiality must be assured by having a private interview room, either in a private office or in a private examination room as a part of group processing.

C. Personnel Qualifications

The examination should be carried out by a qualified physician, which may include a primary care sports physician, family practice physician with adequate training & qualification, an authorized medical officer paediatrician, or orthopedic surgeon. An allied health professional that may support the physician include physiotherapist, nurse, and in some cases such specialists as physiologists and nutritionists.

D. Examination Formats

1. Private Office

The primary care physician's office is best for the PPE, especially if the physician is the athlete's personal physician. This allows for the use of complete medical records, knowledge of the athlete's history, and better physician-athlete rapport.

2. Medical Team

A team approach to the PPE can be valuable if there are cost considerations, the athlete does not have a personal physician, the athlete's personal physician does not feel qualified, or if the institution or team requires an organized system for a large number of athletes.

The team physician may organize primary care physicians, pediatricians, specialists such as orthopedists, and various para-professionals (physiotherapists, nurses, etc)

Organization of the Medical Facility for PPE & PEE

Stage	Purpose
Waiting area	Sign-in, registration, including careful instructions about filling out required forms
Vitals station	Checking Height, Weight, blood pressure, vision
Office examination	History review, physical examination performed by one physician for a given student-athlete
Speciality offices/Referrals	Orthopedic assessment, cardiology evaluation, etc
Optional stages	Educational and rehabilitation areas
Endurance area/Gym/Ground	Perform the required endurance test
Record room/Locker	To keep documents safe

Steps to facilitating the examination process.

Provide athletes in advance with information about the detailed nature of the examination and the appropriate attire to wear to lessen privacy concerns and increase efficiency.

Ensure separate areas for examining male and female athletes

Have a private individual counseling room for discussion of sensitive issues to maintain confidentiality and facilitate better communication

Enhance familiarity and continuity of care by enlisting assistance of as many primary physicians as possible for the athletes being examined

Establish a clear protocol for referral to primary physicians, specialists, rehabilitation or other medical evaluations for every athlete who is not cleared for participation because of illness or injury. If there is a team physician, he or she should keep - and follow up on - a list of athletes who are disqualified or who require further evaluation before final clearance. If the athlete is not cleared for the desired sport, the evaluating physician should counsel the athlete concerning alternate permissible activities.



Sudden Cardiac Death in Athletes

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Introduction:

There are clear health benefits to exercise; even so, patients with cardiac conditions who

Introduction:

There are clear health benefits to exercise; even so, patients with cardiac conditions who engage in exercise and athletic competition may on rare occasion experience sudden cardiac death (SCD). While there is controversy about the potential connection between intense endurance exercise and increased risk of some cardiac conditions (i.e., atrial fibrillation, ventricular fibrosis), on balance, exercise is clearly health-promoting for the large majority of individuals. However, for a small number of individuals who harbor cardiac conditions, exercise can sometimes be associated with the risk of sudden death (i.e., the exercise paradox).

Statistics:

Sudden cardiac death (SCD) is the most frequent medical cause of sudden death in athletes, and estimates vary widely based on the population. A recent estimate of SCD incidence ranged from 1 in 40,000 to 1 in 80,000 athletes per year.

At Risk Groups:

It also has been increasingly recognized that some populations of athletes may be at substantially higher risk than others for SCD. Increased risk has been found with male gender, black race, and basketball participation.

Causes of Sports Related Sudden Cardiac Death:

In athletes under 35 years of age, inherited cardiac conditions predominate, with hypertrophic cardiomyopathy (HCM) and anomalous origin of a coronary artery being the two most common causes. In athletes older than 35, most SCD events are due to acquired atherosclerotic coronary artery disease (CAD).

Common cardiovascular conditions associated with sudden cardiac death (SCD) in athletes

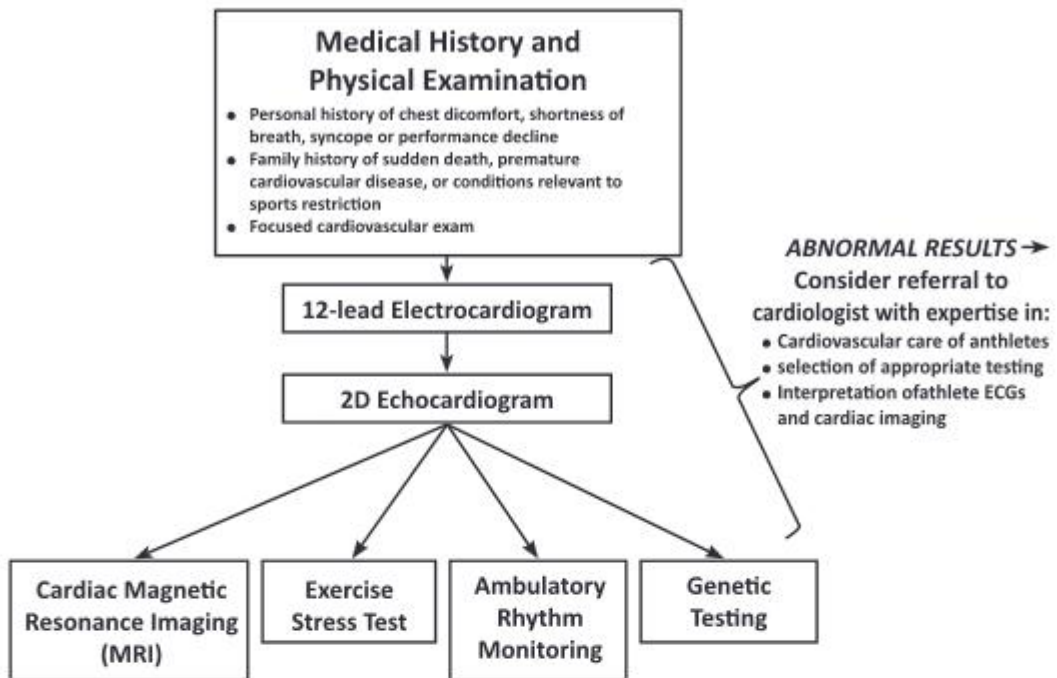
Congenital/Genetic	
Structurally Abnormal Heart	Structurally Normal Heart
Hypertrophic cardiomyopathy	Congenital long QT syndrome
Arrhythmogenic right ventricular cardiomyopathy	Catecholaminergic polymorphic ventricular tachycardia
Dilated cardiomyopathy	Wolf-Parkinson-White syndrome or other accessory pathway
Other cardiomyopathy (i.e., left ventricular noncompaction)	Brugada syndrome
Congenital anomalies of coronary origin & course	Other ion channelopathies
Aortopathy (i.e., Marfan syndrome & ascending aortic aneurysm/dissection)	
Valvular heart disease (i.e., congenital aortic stenosis, mitral valve prolapse)	
Acquired	
Structurally Abnormal Heart	Structurally Normal Heart
Atherosclerotic coronary artery disease	Commotio cordis
Kawasaki's disease	Acquired long QT (i.e., drug-induced)
Myocarditis	Other substance ingestion or environmental factors (i.e., hypo- or hyperthermia)

Symptoms that indicate a risk for Sudden Cardiac Death:

- Fainting or seizure, especially during or right after exercise or with excitement or startle.
- Racing heart, palpitations, or irregular heartbeat.
- Dizziness, lightheadedness, or extreme fatigue with exercise.
- Chest pain or discomfort with exercise.
- Excessive shortness of breath during exercise.
- Excessive, unexpected fatigue during or after exercise.

Athlete Screening & Evaluation:

Since many of the cardiac conditions that cause SCD in athletes may not present with warning symptoms, there has been considerable discussion about the role of preparticipation screening tests to evaluate for occult cardiovascular disease. A flowchart of common tools for screening and evaluating athletes is shown below. The value of any screening test is determined by the characteristics of the population to which it is applied. As demonstrated above, the incidence and causes of SCD vary widely depending on the age, gender, race, country, and sport of the athlete group. Therefore, it is unlikely that any single screening program will be effective across all groups. Issues such as resource utilization and cost-effectiveness also must be considered.



The American Heart Association (AHA) and American College of Cardiology (ACC) recommend screening that is limited to a targeted medical history and physical exam. In contrast to the American recommendations, the European Society of Cardiology (ESC) and International Olympic Committee (IOC) advocate for screening that also includes a resting 12-lead electrocardiogram (ECG). Evaluation extending beyond a history, physical exam, and ECG is indicated if any of these preparticipation tests are abnormal and/or an athlete presents with symptoms during the course of practice or competition.

Conclusion:

Although rare, SCD in the athlete is a traumatic event that has a large impact on society. The incidence of SCD varies widely depending on the athlete population. In older athletes, SCD is primarily due to CAD and associated complications. In younger athletes, it is due to congenital or genetically mediated cardiovascular disease, such as HCM, coronary artery anomalies, other cardiomyopathies, or primary arrhythmogenic disorders. All preparticipation screening programs aimed at identifying athletes at high risk of SCD begin with a focused history and physical. The addition of the 12-lead ECG and/or additional cardiac testing is a source of considerable ongoing debate. The optimal preparticipation evaluation for a given group depends on the athlete population and the available screening resources, including clinicians with expertise in the cardiovascular care of athletes. It is highly unlikely that any screening program will be effective at appropriately identifying all athletes at risk of SCD; therefore, increased access to automated external defibrillators as well as training in cardiopulmonary resuscitation at a community level are important means of reducing SCD in athletes.



Structural Interpretation of an ECG

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Exercise-related sudden cardiac death is defined as any sudden cardiac death during or within one hour of participation in a sport event.

This guideline aims to provide a structural approach for interpretation of an ECG (please refer to presentation slides as this is a highly concise note)

Interpretation of normal ECG:

- ECG should always follow a detailed clinical history including cardiac family history and a thorough clinical examination
- Always analyze the ECG in a systematic manner
- Interpret the ECG in the context of age, gender and clinical symptoms/signs
- Refer to age and gender appropriate nomograms in the child/adolescent (many free apps available on App store and Google play)

Some common Criteria for a "positive ECG"

1) Rhythm/Conduction abnormalities

- Sinus bradycardia with resting heart rate below the 3rd centile for age and gender with no heart rate increments in response to exercise.
- Short PR interval (less than 120msec- 3ssq) with or without apparent 'delta' waves
- Mobitz type 2 Second or third-degree heart block
- Supraventricular tachycardia (including re-entry tachycardias, ectopic atrial tachycardias)
- Premature ventricular beats – with symptoms/ family history suggestive of a genetic cardiac condition/ polymorphic/ increasing with exercise/ history of cardiac surgery
- Ventricular arrhythmias

2) P wave

- Left atrial enlargement:
 - bi-phasic/camel-back P waves on inferior leads
 - negative portion of the P wave in lead V1 more than 0.1 mV (one ssq) in depth and more than 40msec (one ssq) in duration
- Right atrial enlargement
 - tall P waves in inferior leads
 - P wave in lead V1 more than 0.25mV (2.5 ssq) in amplitude

3) QRS complex

- Axis: Normal – 120° to -30°
RAD beyond $+120^{\circ}$
LAD between -30° to -90°
- Increase voltages:
<https://www.ahajournals.org/doi/10.1161/circulationaha.108.191097>
Amplitude of R plus S wave in any more than 20mm (LVH)
Amplitude of R plus S waves on any precordial lead more than 35mm (LVH)
R on lead V1 more than 6mm or QR on lead V1 (RVH)
- Abnormal Q waves – Wide and deep q waves (dagger q waves) or q wave more than 25% of the height of ensuing R wave
- Complete right or left bundle branch block (LBBB is always abnormal during first two decades)

4) ST segment, T wave and QT interval

- Significant ST segment depression or elevation
- Inverted T waves in two or more adjacent leads(except V1 and V2) and/or flat T waves
- Heart rate corrected QT interval (QTc) more than 440msec in males/ 460msec in females or less than 360msec

Training-related ECG changes in the athlete (adaptive cardiac physiology)

ECG finding	Definition
Increase voltages	Often fulfills criteria for chamber hypertrophy (athlete heart)
Incomplete RBBB	RBBB pattern on lead V1 with QRS duration less than <120 msec (3 ssq)
Early repolarization	J-point elevation in inferior and/or lateral chest leads

"Repolarization variant"	J-point elevation and convex("domed") ST segment elevation followed by T inversions on leads V1-V4
Juvenile T wave pattern	Isolated T wave inversions in up to lead V3 under 16yrs
Sinus bradycardia	Resting heart rate around 3 rd centile for the age
Sinus arrhythmia	Breathing related heart rate variation: increases with inspiration and decreases with expiration
Low atrial rhythm	Inverted P waves in inferior leads
First degree heart block	PR interval more than 200msec (5ssq)
Mobitz type 1 (Wenckebach) second degree AV block	Progressive lengthening of PR interval until there is a non-conducted sinus beat: first PR interval after the dropped beat is shorter than the last conducted PR interval and the cycle repeats

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Resumption of Sports, Exercise and Long distance running guidelines for children and adolescents

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This article is based on evidence-based research publications on resumption of Sports, Exercise and

Long distance running guidelines for children and adolescents

Age	Recommended Maximum Running Distance	Recommended Maximum Training Frequency per week
Under 9 Years	3 Km	3 sessions per week
9- 11 Years	5 Km	3 sessions per week
12- 14 Years	10 Km	3 sessions per week
15- 16 Years	21.1 Km (Half Marathon)	3 sessions per week
17 Years	30 Km	5 sessions per week
18 Years	42.2 Km (Full Marathon)	5 sessions per week

When should you hold your race? In many parts of the world the climate dictates the best time of year to hold your race, so that conditions are most favorable for running. ***Ideal conditions for fast running would probably be between 5-15C⁰***. If the temperature does not fall as low as 15C⁰ you should try to run your race at a time when the temperature is at a seasonal low, and at a time of day that will minimise heat stress. ***This would normally be early morning***, which is also when traffic conditions are likely to be most favorable. There may be other factors which would influence the time of year that it is best to hold the race, including:

- The possibility of attracting visitors at a time when there is the required hotel capacity available.
- The desire to coincide the race with a particular national holiday or local festival.
- The need to avoid competing with other events in the road running calendar.
- The need to schedule the race at a time when TV coverage is possible In particular, if you are seeking to attract elite athletes to compete in your race, you should avoid holding it at the same time as major international

championships or big city races, so that you are not competing for runners against these established events.

Where should you hold your race? You may well have firm ideas about the location of your race start and finish, but you will need to consider:

- The amount of space that will be required by the start and finish facilities
- The backdrop that is presented by the race start and finish (and throughout the route) and how you can use this to best project the image of your race.

IAAF Rule 240 Drinking / Sponging and Refreshment Stations:

Number of stations and locations

- (a) Water and other suitable refreshments shall be available at the finish of all races.
- (b) For all events, water shall be available at suitable intervals of approximately 5km.

For events longer than 10km, refreshments other than water shall also be made available at these points.

Note (i) Where conditions warrant, taking into account the nature of the event, the weather, conditions and the state of fitness of the majority of the competitors, water and /or refreshments shall be placed at more regular intervals along the route.

Note (iii) Mist stations may also be arranged, when considered appropriate under certain organisational and/or climatic conditions.

Type of Refreshments

- (c) Refreshments may include drinks, energy supplements, foodstuffs or any other item other than water. The Organising Committee shall determine what are suitable refreshments based on prevailing conditions.

Refreshments provided by:

- (d) Refreshments will normally be provided by the Organising Committee. The Organisers may permit athletes to provide their own refreshments. Where this happens, the athlete may nominate at which stations, they shall be made available to the athlete. Refreshments provided by the athletes shall be kept under the supervision of officials designated by the Organising Committee from the time that the refreshments are lodged by the athletes or their representatives. Those officials shall ensure that the refreshments are not altered or tampered with in any way.

Refreshment distribution:

- (e) The Organising Committee shall delineate, by barriers, tables or markings on the ground, the area from where refreshments can be received or collected, which. Refreshments shall be placed so that they are easily accessible to, or may be put by authorised persons in the hands of, the athletes. Such persons shall remain inside the designated area and not enter the course nor obstruct any athlete. No officials shall, under any circumstances, run beside an athlete while he is taking refreshment or water.
- (f) In competitions held under Rules 1.1(a), (b), (c) and (f), a maximum of two officials per Country may be stationed behind the table at any one time.

Note: For an event in which a Country may be represented by more than three athletes, the Technical Regulations may allow additional officials at the refreshment stations.

Runners carrying refreshments:

- (g) An athlete may at any time carry water or refreshment by hand or attached to his body provided it was carried from the start or collected or received at an official station.

Not allowed:

- (h) An athlete who receives or collects refreshment or water from a place other than the refreshment stations, except where provided for medical reasons from or under the direction of race officials, or takes the refreshment of another athlete renders himself liable to disqualification by the Referee. The Referee should, for a first such offence, warn the athlete, normally by showing a yellow card. For a second offence, the Referee shall disqualify the athlete, normally by showing a red card.

The athlete shall then immediately leave the course. Providing water and replacement fluids is a mandatory aspect of all distance races. The lack of, or inadequately serviced stations can result in severe medical problems and even death. Detailed plans must be in place to ensure there are enough fluids available at regularly-spaced refreshment stations. Very large fields may require more water stations but runners and staff should be cautioned against excessive fluid intake. Refreshment station logistics Water stations should be available prior to the start, at the finish and at least every 5km along the course.

In warmer climates every 2.5km is advisable. On out-back courses they can be placed in the centre of the road and made “double-sided” to reduce the number of locations required.

How much water?

Approximately 250-330ml of water (common bottle sizes) should be provided per runner. If it is an out-back course supplies should be doubled and separated into two equal parts, ready to serve to one side for the outward journey and to the other side for the return. If two races pass by the water stations (eg marathon and half-marathon) at different times then the supplies planned for each race should be stored and served separately. It should be noted that sponges are not as effective in dissipating body heat but are allowable under the Rules. Drinking water is of far more value than sponging.

Configuration of water stations: The size of a water station is dependent on the number of runners and the distance between each station. Care should be given to designing a water/ refreshment station that allows all of the runners easy access. This is accomplished by spreading the refreshment tables out over a longer distance.

IAAF Label Road Races

General Principles

Each year, the IAAF awards a designation referred to as an IAAF Road Race Label to leading Road Races around the World. 1.2 Races shall be divided into three categories:

- Marathons
- Half Marathons
- Other races – included under this category : - Races over “official distances” for which World Records are recognised (see IAAF Rule 261): 10Km – 15Km – 20Km – 25Km - 30Km – 100Km; - “Classical” races” over non-standard distances.

Reference:

<https://media.aws.iaaf.org/competitioninfo/a6691e27-f891-4c84-8e95-7d2b5ddd77ee.pdf>

<https://bjism.bmj.com/content/bjsports/55/6/305.full.pdf>

Principals of sports nutrition for sports at school and side- stepping myths

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Introduction

Proper nutrition and hydration have a major impact on young athletes' health and sports performance across all levels of training and competition. When athletes want to improve their physical skills – whether it is strength, speed, endurance, or power. Athletes who invest time to plan for healthy eating and hydration get more out of their training, perform better during competition, refuel their bodies faster, and have less illness and injury.

Nutrition and hydration before activity

Proper nutrition and hydration before activity are vital to ensure athletes

- have enough fuel for mental and physical performance
- can avoid physical discomfort caused by hunger, upset stomach, or dehydration
- able to push their muscles for a longer period of time

When Should Athletes Eat?

The timing of meals is vital for maximum fueling and utilization, whether it be before routine training or before a tournament. If an athlete begins an activity with food in their stomach, this can cause cramping or nausea.

- If there is adequate time, eat a full meal three to four hours before an activity which gives an athlete's body time to digest food (This can include all components of nutrients –Carbohydrate, fat, protein and, vegetables to give vitamin and minerals)
- When it is not possible to eat two to three hours before an activity, athletes can choose a snack, one-two hours before. This snack will help prevent hunger and provide energy for the activity. (This will include mostly carbohydrate and protein containing food. Should be easy to digest)

Example of full meal



Example of a snack

A Low-fat yoghurt, a banana and cereal bar
Chicken sandwich with whole grain bread

Hydration before activity

Water has many key functions in the body including the transport of nutrients to the muscles and tissues, and the control of body heat through sweat. When an athlete has lost as little as two percent of body weight during activity, mental and physical performance are greatly impaired. However, over hydration should also be prevented. In athletes, over-hydration often happens when they drink large amounts (8–10 L or 36–40 cups) of low sodium fluids (like plain water) before or during long bouts of intense activity and signs and symptoms are mostly like dehydration.

An Athlete needs to drink 400–600 mL of fluid 30 mins before activity. In long tournaments, the body should be prepared by drinking 500ml the night before as well.

What fluid is most suitable?

A mixture of water, jeewani, electrolyte mix, king coconut, sport drinks should be used

Nutrition and hydration during training or tournaments

Nutrition during training or events

In most cases, an athlete will not need to eat during activity if they have eaten enough to fuel their muscles and body before they train or compete. Athletes who are active for less than an hour do not need to consume food unless they did not eat a large enough meal before the activity.

Athletes may need to eat during an activity when

- it is a nonstop endurance activity that lasts longer than one hour
- it is a morning activity and the athlete has only eaten a small breakfast

When athletes perform an intense activity for more than one hour (eg: long distance swimming, Long distance running), they need to ingest 30 to 60 grams of carbohydrate in small amounts during each hour of activity, and drink enough water to maintain hydration and energy levels. Athletes can consume this carbohydrate through specially prepared drinks or food or a combination of both. During competition, athletes need to choose foods that they already know will not cause them stomach upset or cramps. Examples of good carbohydrate food choices include

- 1 large banana (30 g carbohydrate)
- 1 medium orange (12 g carbohydrate)
- 250 mL (1 cup) watermelon (11 g carbohydrate)
- 1 small box (28 g) raisins (22 g carbohydrate)

Hydration during exercise

The need for hydration can vary from player to player depending on the individual's quality and quantity of sweat as well as the duration of activity.

In a, less than one hour session an athlete should drink 400-800ml of fluid and water is adequate. If it's more than one hour specially electrolyte replacement in the fluid is important. Therefore, each athlete needs his /her own fluid bottle. A fluid with, glucose to energize the muscles and salts to replace losses is recommended.

ORS is a good option as a rehydration solution. For home preparation add ½ teaspoon of salt and 2 table spoons of sugar in to one liter of water. King coconut, Fruit juices can also be used.

Nutrition and hydration Guidelines After Activity

Nutrition after activity

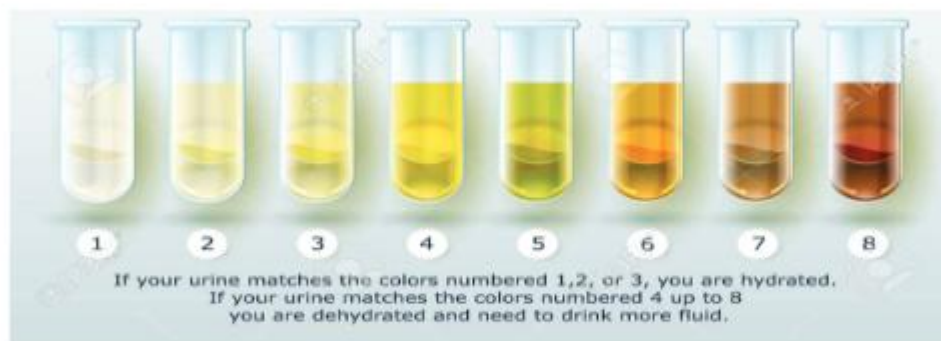
Proper nutrition and hydration after activity are important to refuel and repair tissue. Athlete need to eat foods that provide carbohydrate and protein within 30 minutes of finishing activity in order to refuel the muscle glycogen stores. One must not miss this golden window of opportunity which increases performance.

Example of carbohydrate rich, moderate protein(4:1ratio) snacks to consume within the first 30 mins post training are

- 1 medium size banana with 250 mL (1 cup) of low fat milk
- 175 mL (3/4 cup) bowl of sweet corn flakes with resins and 250 mL (1 cup) of low fat milk
- White bread fish sandwich with low fat yoghurt

Hydration after activity

A young athlete should drink up to 4ml/kg/Day of fluid this is around 250-500ml. Good indicator is the colour of the urine. Athletes should continue to drink in small amounts until urine colour is acceptable.



Over hydration can lead to hyponatrenamia. Symptoms can be subtle including dizziness, lightheadedness or headache, vomiting and severe as coma and seizures.

General eating practices during off-seasons for athletes

Routine healthy food practices are very important for a player.

- A healthy breakfast is essential to refuel muscles after a long sleep and should not be missed.
- Healthy planned homemade food is better than buying short-eats. A balanced diet including grains, protein sources such as fish, meat and eggs, and fruits and vegetables should be consumed.

- Athletes need to develop a healthy eating routine by having healthy foods on-hand to meet their energy and nutrient needs at home, at school, and on the road.
- An athlete should learn to read food labels when consumed

Common myths in sport nutrition

- Are commercial sports drinks anecessity?
Sport drinks help replace sugar and electrolytes needed by the body during intense exercise that lasts longer than one hour. Athletes never need sports drinks to fuel before activity or refuel after activity, as it is always better to eat food and drink healthy fluids such as water and milk. Sports drinks contain sugar and can lead to cavities or weight gain when consumed on a regular basis. A home-made drink with sugar and electrolytes can hydrate the player well.
sports drinks are not all the same and their ingredients often change over time. It is important for athletes to always check labels because some drinks may contain ingredients that they do not need or too little of the ingredients that they do need. If consuming these should be tried way before a tournament.
- Are carbonated fluids good as a re-hydrating fluid?
Fluids that are carbonated (have bubbles) often make athletes feel full. Athletes may then drink less fluid and dehydrate during activity. Carbonated fluids may also cause stomach discomfort and gas
- Natural Health Products
Some sports drinks may contain various forms of natural health products such as ginseng, inositol, carnitine, creatine, glucuronolactone, or ginkgo biloba. None of these ingredients have been shown to enhance performance, and could pose serious health risks to young athletes whose bodies are not yet fully grown.
- Are Sport Nutrition Supplements Safe for Young Athletes?
Nutrition supplements could have very different effects on teen athletes compared to adult athletes asgrowing bodies break down, absorb, and excrete supplements much differently from fully grown adult bodies, even supplements that are proven safe and helpful in adults could have adverse effects in younger people. Therefore, these supplements should not be tried without medical guidance (One supplement given to a child may not be suitable to use in another)
- Use of multivitamins
Young athletes do not need vitamin and mineral supplements, if they maintain a healthy body weight and consume enough nutrients from a range of foods from all natural food groups (cerealanimal proteins, fruits, Avegetables, milk, nuts and oil seeds).
Sports performance will not improve by taking more vitamins and minerals than is required for good healthand over dose can even be toxic. Medical advice should be sorted on long term use.



Doping & Supplements in Sports

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Nutrition usually makes a small but potentially valuable contribution to successful performance in elite athletes, and dietary supplements can make a minor contribution to this nutrition program.

Definition of a dietary supplement as per International Olympic Committee (IOC) consensus statement for dietary supplement and high- performance athletes as follows; A food, food component, nutrient, or non-food compound that is purposefully ingested in addition to the habitually consumed diet with the aim of achieving a specific health and/or performance benefit.

Furthermore, IOC recognize that dietary supplements come in many forms, including the following:

1. functional foods, foods enriched with additional nutrients or components outside their typical nutrient composition (eg, mineral-fortified and vitamin-fortified, as well as nutrient enriched foods)
2. formulated foods and sports foods, products providing energy and nutrients in a more convenient form than normal foods for general nutrition support (eg, liquid meal replacements) or for targeted use around exercise (eg, sports drinks, gels, bars)
3. single nutrients and other components of foods or herbal products provided in isolated or concentrated forms
4. multi-ingredient products containing various combinations of those products described above that target similar outcomes

Nonetheless, supplement use is widespread at all levels of sport. Products described as supplements target different issues, including (1) the management of micronutrient deficiencies, (2) supply of convenient forms of energy and macronutrients, and (3) provision of direct benefits to performance or (4) indirect benefits such as supporting intense training regimens. The appropriate use of some supplements can benefit the athlete, but others may harm the athlete's health, performance, and/or livelihood and reputation (if an antidoping rule violation results). A complete nutritional assessment should be undertaken before decisions regarding supplement use are made.

Supplements claiming to directly or indirectly enhance performance are typically the largest group of products marketed to athletes, but only a few (including caffeine, creatine, specific buffering agents and nitrate) have good evidence of benefits. However, responses are affected by the scenario of use and may vary widely between individuals



Safe resumption of Sports & Exercise after SARS-CoV-2 infection

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This article is based on evidence-based research publications on resumption of Sports, Exercise and Physical activities. Medical professionals are advised to follow the protocols as much as possible to ensure safe participation and return to sports. The Covid-19 infected patients are categorized in to 06 different categories based on the severity of illness and recommendations are given to respective categories.

Covid -19 ආසාදනයෙන් පසු ව්‍යායාම සහ ක්‍රීඩා ආරම්භ කිරීම සඳහා පහත සඳහන් උපදෙස් මාලාව පිළිපැදීම යෝග්‍ය වේ. මේ යටතේ ආසාදනයින් කාණ්ඩ හයකට බෙදා වර්ගීකරණය කොට එක් එක් කාණ්ඩයට අදාළ වෛද්‍ය උපදෙස් පිළිපැදීමට ක්‍රීඩකයන් සහ ක්‍රීඩා සමාජ උනන්දු කරවනු ඇත.

Group 01/පළමු කණ්ඩායම

Individuals without symptoms and signs that never have been tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Recommended to obtain H-1246 certificate before resumption of sports & exercise from a Sports medicine/an Authorized Doctor.

Covid 19 ආසාදනයට අදාළ රෝග ලක්ෂණ කිසිවක් නොපෙන්වූ ආසාදිතයන්, වෙනත් අවදානම් රෝගී තත්වයන් නොමැති අවස්ථාවක ක්‍රීඩා පුහුණුවීම් ඇරඹීමට ප්‍රථම ක්‍රීඩා/ බලයලත් අනුමත වෛද්‍යවරයෙකු යටතේ පූර්ව ක්‍රීඩා යෝග්‍යතා සහතිකය වන සෞඛ්‍ය 1246 සහතිකය ලබා ගැනීම යෝග්‍ය වේ.

Group 02/ දෙවන කණ්ඩායම

Individuals with a positive SARS-CoV-2 test without any COVID-19 symptoms but isolating at home (quarantine) under close medical observation (telephonic or video). Recommended to obtain H-1246 certificate before resumption of sports & exercise. Athlete allowed to participate after full recovery and free of signs & symptoms of Covid-19 and best after 10 to 14 days after the PCR/RAT became Negative.

Covid-19 වෛරස් ආසාදනය සඳහා Antigen හෝ PCR පරීක්ෂණයකින් Positive තත්වයට පත් වූ දින සිට දින දාහතරක් නිවසේ හෝ අතරමැදි ස්ථානයක සමීප වෛද්‍ය නිරීක්ෂණය යටතේ නිරෝධායනයට ලක්වූ ආසාදිතයින්.

ක්‍රීඩා පුහුණුවීම් ඇරඹීමට ප්‍රථම ක්‍රීඩා/ බලයලත් අනුමත වෛද්‍යවරයෙකු යටතේ පූර්ණ වෛද්‍ය පරීක්ෂණයකට ලක් වී පූර්ව ක්‍රීඩා යෝග්‍යතා සහතිකය වන සෞඛ්‍ය 1246 සහතිකය ලබා ගත යුතුය. පූර්ණ සුවය ලබා PCR/RAT පරීක්ෂණය Negative වී දින 10ක් හෝ 14 ක් අතර කාලයකට පසු පුහුණුවීම් ඇරඹිය හැක.

Group 03/ තුන්වන කණ්ඩායම

Individuals who experienced COVID-19 with mild symptoms, only needing outpatient treatment and quarantine for 14 days.

Recommended to obtain H-1246 certificate before resumption of sports & exercise. Athlete allowed to participate after full recovery and free of signs & symptoms of Covid-19 and athlete might have to wait for three to four weeks for resumption of sports & exercise since their PCR/RAT became Negative. May also warrant recommendations from the specialist cardiologist & chest physician. Athlete would subjected to investigations include ECG/Exercise ECG, Chest X- Ray, Spirometry and Blood tests.

Covid 19 ආසාදනය සඳහා Antigen හෝ PCR පරීක්ෂණයකින් Positive තත්ත්වයට පත් වූ සහ සුළු වශයෙන් රෝගී ලක්ෂණ පෙන්වූ, මෙන්ම බාහිර රෝගී අංශයෙන් පමණක් ප්‍රතිකාර ලැබූ,(රෝහල් ගත නොවූ) සහ දින දාහතරක් නිරෝධායනයට ලක්වූ ආසාදිතයින් සඳහා.

ක්‍රීඩා/ බලයලත් අනුමත යටතේ පූර්ණ වෛද්‍ය පරීක්ෂණයකට ලක් වී සෞඛ්‍යය 1246 යෝග්‍යතා සහතිකය ලබා ගත යුතුය. පූර්ණ සුවය ලබා PCR/RAT පරීක්ෂණය Negative වී ක්‍රීඩා පුහුණුවීම් ආරම්භ සඳහා සහ තුනත් හතරත් අතර කාලයක් ගත විය හැක. රෝගී අවස්ථාවේදී පෙනහළු සහ හෘද වස්තුව බලපෑමට ලක් වූ තත්ත්වය නිරීක්ෂණය කිරීම සඳහා හෘද රෝග විශේෂඥයෙක් මෙන්ම ස්වභාව රෝග විශේෂඥයෙක් මගින් ලබාගත් විශේෂඥ නිර්දේශ අවශ්‍ය විය හැක.

Group 04/ හතරවන කණ්ඩායම

Individuals with moderate symptoms but had inpatient treatment due to an increased risk derived from pre-existing conditions (e.g. Asthma, Diabetes).

Recommended to obtain H-1246 certificate before resumption of sports & exercise. Athlete allowed to participate after full recovery and free of signs & symptoms of Covid-19 and athlete might have to wait for two to six months for resumption of sports & exercise since their PCR/RAT became Negative. It is the best to get recommendations from the specialist cardiologist & chest physician. Athlete would subjected to investigations include ECG/Exercise ECG, Chest X- Ray, Spirometry and Blood tests.

Covid-19 වෛරසය සඳහා Positive වූ, තරමක් තීව්‍ර රෝග ලක්ෂණ පෙන්වූ කළ රෝහල් ගතව ප්‍රතිකාර ලැබූ සහ සෞඛ්‍ය අවදානම් තත්ව ඇති ආසාදිතයින් සඳහා (උදාහරණ - ඇදුම, හනිය, දියවැඩියාව, හෘද රෝග) ක්‍රීඩා වෛද්‍යවරයෙකු යටතේ පූර්ණ වෛද්‍ය පරීක්ෂණයකට ලක් වී සෞඛ්‍යය 1246 යෝග්‍යතා සහතිකය ලබා ගත යුතුය. තවද, පූර්ණ සුවය ලබා PCR/RAT පරීක්ෂණය Negative වී පුහුණුවීම් ආරම්භ කිරීම 03 කාණ්ඩයේ පිළිවෙළට අනුව සිදුවන අතර ක්‍රීඩා පුහුණුවීම් ආරම්භ සඳහා මාස තුනත් මාස හයත් අතර කාලයක් ගත විය හැක.

හෘද වස්තුව සහ පෙනහළු පරීක්ෂා කිරීම සඳහා අතිරේක පරීක්ෂණ අවශ්‍යවේ. විශේෂඥ හෘද රෝග වෛද්‍යවරයෙක් සහ ස්වභාව රෝග විශේෂඥ වෛද්‍යවරයෙකුගේ නිර්දේශ අවශ්‍ය වන අතර එකී පරීක්ෂණවල ප්‍රතිඵල මත පදනම්ව ව්‍යායාම් සහ පුහුණුවීම් ආරම්භ කිරීම සඳහා මාස දෙකත් මාස හයත් අතර කාලයක් ගත විය හැක.

Group 05/ පස්වන කණ්ඩායම

Individuals with severe symptoms, inpatient treatment, including intensive care without artificial respiration.

Covid-19 වෛරසය සඳහා Positive වී තදබල රෝගී ලක්ෂණ පෙන්නුම් කොට රෝහල්ගතවී දැඩි සන්කාර ඒකකයට ඇතුළු කොට ප්‍රතිකාර ලැබූ නමුත් ශ්වසන ආධාරකයකට සවි නොකල ආසාදිතයින් සඳහා.

Group 06/ හයවන කණ්ඩායම

Individuals with severe symptoms, inpatient treatment in intensive care and on artificial respiration.

Covid-19 වෛරසය සඳහා Positive වෛරසය ආසාදිත වී දැඩි සන්කාරයේ ප්‍රතිකාර ලැබූ අතර ශ්වසන ආධාරක යන්ත්‍රයක් ආධාරයෙන් හුස්ම ගත් ආසාදිතයින් සඳහා.

Groups 5 and 6; Following SARS-CoV-2 discharge, rehabilitation is recommended. A complete pulmonary and cardiological examination is necessary ('cardiac markers' such as high sensitivity troponin-I or natriuretic peptides) including resting ECG, lung function, echocardiography, stress test with ECG and blood gas analysis. Return to sport will be after several months depending on the severity and completeness of recovery. Depending on previous findings in heart rate, CT of the thorax and cardiac MRI examination in consultation with a respiratory physician and cardiologist, hospital discharge can take place. A final medical check and sports clearance/statement is mandatory.

5 සහ 6 කාණ්ඩයට අයත් ආසාදිතයින් ව්‍යායාමී සහ පුහුණුවීම් පටන් ගැනීමට ප්‍රථම පූර්ණ හෘද සහ පෙනහළු පරීක්ෂාවකට මෙන්ම ශාරීරික යෝග්‍යතා පරීක්ෂණයකට සහභාගී විය යුතුය. ක්‍රීඩකයාගේ තත්ත්වයන් සලකා බලා ස්වසන රෝග විශේෂඥ සහ හෘද රෝග විශේෂඥයෙක් මගින් පූර්ණ වෛද්‍ය පරීක්ෂණවලට ලක් කොට ක්‍රීඩා වෛද්‍යවරයකුගේ නිර්දේශය මත ශාරීරික යෝග්‍යතා පරීක්ෂණයකින් පසු ක්‍රමානුකූලව පුහුණුවීම් ඇරඹිය යුතුය. පුහුණුවීම් අතර ක්‍රීඩකයා විධිමත්ව නියමිත කාලාන්තර වලදී වෛද්‍ය පරීක්ෂණ වලට ලක් කළ යුතුය. මේ සඳහා මාස කීපයක් ගත වීමට පුළුවන.

Summary:

Group 1 and 2, Resumption of sport can occur 10–14 days after complete recovery from SARS CoV-2 infection.

Groups 3 and 4, Resumption of sports might happen within 3 weeks to 6 months after complete recovery from SARS CoV-2 infection depending on severity of the illness.

Groups 5 and 6, Following SARS-CoV-2 discharge, rehabilitation is recommended. Return to sport will be after several months depending on the severity and completeness of recovery.

Reference:

Löllgen H, Bachl N, Papadopoulou T, et al. Recommendations for return to sport during the SARS-CoV-2 pandemic. *BMJ Open Sport & Exercise Medicine*2020; 6:e000858. doi:10.1136/bmjsem-2020-000858

☛ (සමත්කර ඇතැම් සඳහා පමණි /Only for the athletes for Pre- Competition medical examination)

මෙය උසු ඇති හැකි වේදනාවකින් පසුව පමණක් 3 අනුක්‍රමික වැඩිපුර අවශ්‍ය වුවහොත් සිටින සිටීමට වැඩි වේදනාවක් පවතින තෙක් වැඩි කාලයක් මෙය අවම වශයෙන් වේ. It is mandatory to Refrain from exercise and sports till 3 days passed from the date of complete cure from any acute medical illness with or without fever or else 2, to consult your doctor for another pre-participation medical examination before engage in sports or exercise. මාගේ දැනුමට අනුව ඉහත දුටුවන් කියා සඳහන් විස්තර මට වඩාත් ප්‍රකාර කරමි. I do hereby certify that the details above given by me are true to my knowledge.

.....
 ශ්‍රී ලංකා ක්‍රීඩකයන්ගේ අත්සන Athlete's Signature

.....
 මව/පියා/භාරකරුවන්ගේ අත්සන (වයස 16ට අඩු කරමි)
 Parent's/Guardian's Sig.for < 16 years

.....
 දිනය/Date

MEDICAL EXAMINATION BY SPORTS PHYSICIAN/ CONSULTANT/ AUTHORIZED MEDICAL OFFICER

GENERAL EX: Height _____ cm Weight _____ kg BMI _____ AGE _____ MALE/FEMALE _____ Date _____ Time _____
 Yes No Yes No Normal Abnormal

PALLOR			ANKLE OEDEMA			BLOOD TESTS (OPTIONAL)		
PLETHORA			CYNOSIS			URINE Analysis/hcg (optional)		
FINGER CLUBBING			SYNDROMIC SIGNS			CXR P/A(optional)		
DISSABILITY			MARFAN Assessment (optional)			ECG -12 lead(optional)		

SYSTEM EXAMINATION:

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
CARDIOVASCULAR Sys. PR Beats/min Rhythm Character Femoral Pulse/Peripheral Pulse Heart Size/Apex Beat Heart Sounds Murmur BP mmHg Haemodynamically	_____	_____	RESPIRATORY System Auscultation Spirometry(optional) PEFR Pre Ex.....L/minmin Post Ex PEFR.....L/minmin Post Ex PEFR.....L/min	_____	_____	MUSCULOSKELITAL System (optional) Head & Neck Back & Spine Shoulder & Arm Elbow & Forearm Wrist , Hand & Fingers Hip & Thigh Knee & Leg Ankle & Foot(Arches) Toes	_____	_____
ENT Audiometry (optional)	_____	_____	ABDOMINAL Liver/Spleen Genitals (Testicles- paired/single) Hernia	_____	_____	BIOMECHANICS (optional) Pronation/Supination/Asymmetry	_____	_____
CNS	_____	_____	EYE V/Acuity V/Field Colour vision Near vision Fundoscopy (optional)	_____	_____	Joint ROM Flexibility Strength Agility Balance & Coordination	_____	_____
SKIN	_____	_____	LRMP/Gym-Obs Ex(optional)	_____	_____	PHYSICAL FITNESS After 10 min Run	_____	_____
						Other Relevant details		

Clinical Notes:.....

Referrals made to:.....

CLINICALLY No contraindications for sports participation /Not Fit for participation

.....
 Sig.of Consultant/Sports Medicine MO/Authorized Medical Officer

.....
 Date..... Time.....

.....
 Name of Consultant/Sports Medicine MO/Authorized Medical Officer

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සුවසිරිපාය
 சுவசிரிபாய
 SUWASIRIPAYA

මගේ අංකය
 மது இல. } MA/MS/E/06/2012(II)
 My No:
 ඔබේ අංකය
 உமது இல. }
 Your No:
 දිනය
 திகதி } 24.10.2014
 Date

සෞඛ්‍ය අමාත්‍යාංශය
 சுகாதார அமைச்சு
 Ministry of Health

Provincial Secretaries of Health Services,
 Provincial Directors of Health Services,
 Regional Directors of Health Services,
 Directors / Medical Superintendents of Hospitals,
 District Medical Officers of Divisional Hospitals,
 Head of Specialized Campaigns & Decentralized Units,
 All Heads of Institutions concerned.

Establishment of Sport Medicine Units-Pre Participation Medical Examination (PPE)/Pre Event Examination (PEE)

His Excellency the president shows special consideration towards the establishment of the sports medicine services all over the country in view of preventing sudden athletic deaths and to improve physical health among school children.

Accordingly, Ministry of Health in collaboration of the Ministry of Sports has involved in developing Sports Medicine Services in the country.

In relation to this, Medical Officers with qualification of post graduate diploma in Sports Medicine have been allocated to many major hospitals and functioning Sports Medicine Units have been established in 11 hospitals.

Establishment of Sports Medicine Units should be considered as a national priority in preventing the Health hazards among athletes and improving their physique; especially at the school level.

Further as a preventive measure for such unexpected complication, Steering Committee for Sports Medicine Service Development decided to introduce Pre Participation Examination (PPE) and Pre Event Evaluation (PEE) for such athlete participants. PPE will be preferably done at the Sports Medicine Units by Sports Medicine trained Medical Officers in the Ministry of Health or Ministry of Sports or by the consultants in Sports Medicine or by the certified/authorized Medical Officers of the government hospital after an adequate training which is supposed to be organized by Ministry of Health.

Following PPE and PEE, a certificate will be issued. It provides the level of physical and mental fitness of participant based on the provided history and examination finding of the participants at the time of examination.

Due to the constrain of trained Medical Officers in the country at present, organizers of such event has the responsibility to coordinate with Head of the Institution and MOIC of the Sports Medicine Unit of the nearby major hospitals in order to get such examination arranged as follows.

- PPE at least 3 months period to the athlete event.
 - PEE at least 2 weeks before the athlete event.
- } (Appointments should be obtained in advance)

- PPE Form is the valid questionnaire which should be filled by an athlete/patient or by parents /guardians if the child is under the age of 16 years.
- Form will be available in the Ministry of Health web site www.health.gov.lk. Also this form will be sent to schools and other relevant institutions by the Ministry of Education and Ministry of Sports.
- Any person requesting a PPE medical certificate is requested to submit the duly filled and signed form to the Medical Officer at the examination.
- This form could be collected from the Sports Medicine Units of the hospitals or from school principals or could be downloaded from the relevant websites. Any clarification may be done to the Medical Officer at the time of examination.
- He/she should also submit an ECG with the name, the date and the time printed on it. ECGs for all the medicals may not be possible to be taken from the government hospital.
- ECG is mandatory for long distance running more than 1500 meters, martial arts, contact, contact and collision sports, cadetting, cycling, long distance swimming more than 400 meters and any sports or at an any clinical situation that service of Consultant/Sports Medicine Medical Officer is requested. (12 lead with long rhythm strip L11)
- ECG for school children for PPE purpose is mandatory and government hospital should always try to facilitate providing the ECG facility where available even though the PPE is done at a different hospital.
- Person should come for the medical with a valid identity card and he or she must bring a letter signed by the principal/Head of the Institute certifying that he/she wants to take part or currently taking part in the requested sport or sports.
- Since workload is heavy for the limited number of trained Medical Officers, it is advisable that all the school kids to get their PPE medical checkup done at the beginning of the year or during school vacations.
- Requests from schools or any relevant institution for PPE medicals should be made at least 3 months prior for an appointment.
- The PPE Clearance Certificate (Health 1246) document issued by the Sports Medicine Unit will be valid only for period of one year from the date of issue.
- Athlete has to come for a periodic health evaluation in next year on same date and get the clearance extended for another year on the same certificate and so on.
- Player must have undergone PPE prior to the Pre Event clearance (PEE). Otherwise PEE will not be awarded.
- Pre- Event Clearance will be mentioned in the appropriate boxes on the back side of the PPE clearance certificate.
- Pre- participation and pre- event medical examinations to be done on
 - ❖ Station based- Eg. at the school or Government Institute of the athlete
 - ❖ Clinic based - at the hospital clinic.

- Provinces are presently covered by following Sports Medicine Units as given below :-

<u>Units</u>	<u>Province/s</u>
Sports Medicine Unit, General Hospital Matara Sports Medicine Unit, Teaching Hospital Karapitiya	Southern Province
Sports Medicine Unit, General Hospital Kalutara (Nagoda) Sports Medicine Unit, Colombo South Teaching Hospital Kalubowila Sports Medicine Unit, Lady Ridgeway Hospital for Children Sports Medicine Unit, National Hospital Colombo	Western & North Central Sabaragamuwa
Sports Medicine Unit, Teaching Hospital Kurunegala -	North Western Province
Sports Medicine Unit, Teaching Hospital Peradeniya - Sports Medicine Unit, Teaching Hospital Kandy -	Central and Uva Provinces
Sports Medicine Unit, Teaching Hospital Batticaloa -	Eastern Province
Sports Medicine Unit, Teaching Hospital Jaffna -	Northern Province

- Sports Medicine Unit should give the priority towards school children's requests and then that of the Government institute e.g. Ministry of Sports. For the private sector medical examination, fee will be charged.
- MO/Sports Medicine could send direct referrals to the consultants of other specialties in this regards.
- MO/Sports Medicine could request investigations apart CT/MRI, which should be requested through his consultant if available.
- **All the PPE/Pre Event clearance certificates and the PPE form should have two official rubber seals of the unit and the Medical Officers'/Consultants'; as PPE/pre- event medicals are on individual responsibility.**
- MO Sports Medicine could differ issuing PPE/PEE Clearance till the player is fully investigated or if he feels that athlete is physically or mentally not fit or not attended with adequate time before the event.
- There may be situations that even after comprehensive medical examination sudden deaths could occur due to rare medical causes and environmental conditions.



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Ministry of Health.

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CLINICAL REPORT

Medical Conditions Affecting Sports Participation

Guidance for the Clinician in Rendering
Pediatric Care

Stephen G. Rice, MD, PhD, MPH, and the Council on Sports Medicine and Fitness

ABSTRACT

Children and adolescents with medical conditions present special issues with respect to participation in athletic activities. The pediatrician can play an important role in determining whether a child with a health condition should participate in certain sports by assessing the child's health status, suggesting appropriate equipment or modifications of sports to decrease the risk of injury, and educating the athlete, parent(s) or guardian, and coach regarding the risks of injury as they relate to the child's condition. This report updates a previous policy statement and provides information for pediatricians on sports participation for children and adolescents with medical conditions.

In 2001, the American Academy of Pediatrics published an analysis of medical conditions affecting sports participation.¹ This updated report replaces the 2001 policy statement and provides additions and changes to increase the accuracy and completeness of the information.

Health care professionals must determine whether a child with a health condition should participate in a particular sport. One way of determining this is by estimating the relative risk of an acute injury to the athlete by categorizing sports as contact, limited-contact, or noncontact sports (Table 1). This categorization may subdivide contact sports into collision and contact sports; although there may be no clear dividing line between the 2, collision implies greater injury risk. In collision sports (eg, boxing, ice hockey, football, lacrosse, and rodeo), athletes purposely hit or collide with each other or with inanimate objects (including the ground) with great force. In contact sports (eg, basketball and soccer), athletes routinely make contact with each other or with inanimate objects but usually with less force than in collision sports. In limited-contact sports (eg, softball and squash), contact with other athletes or with inanimate objects is infrequent or inadvertent. However, some limited-contact sports (eg, skateboarding) can be as dangerous as collision or contact sports. Even in noncontact sports (eg, power lifting), in which contact is rare and unexpected, serious injuries can occur.

Overuse injuries are related not to contact or collision but to repetitive microtrauma; furthermore, overuse injuries generally are not acute. For these reasons, the categorization of sports in Table 1 insufficiently reflects the relative risks of injury. However, the categorization indicates the comparative likelihood that participation in different sports will result in acute traumatic injuries from blows to the body.

For most chronic health conditions, current evidence supports and encourages the participation of children and adolescents in most athletic activities. However, the medical conditions listed in Table 2 have been assessed to determine whether participation would create an increased risk of injury or affect the child's medical condition adversely. These guidelines can be valuable when a physician examines an athlete who has one of the listed problems. Decisions about sports participation are often complex, and the usefulness of Table 2 is limited by the frequency with which it recommends individual assessment when a "qualified yes" or a "qualified no" appears.

The physician's clinical judgment is essential in the application of these recommendations to a specific patient. This judgment is enhanced by consideration of the available published information on the risks of participation, the risk of acquiring a disease as a result of participation in the sport, and the severity of that disease. Other variables to consider include (1) the advice of knowledgeable experts, (2) the current health status of the athlete, (3) the sport in which the athlete participates, (4) the position played, (5) the level of competition, (6) the maturity of the competitor, (7) the relative size of the athlete (for collision/contact sports), (8) the availability of effective protective equipment that is acceptable to the athlete and/or sport governing body, (9) the availability and efficacy of treatment, (10) whether treatment (eg, rehabilitation of an injury) has been completed, (11) whether the sport can be modified to allow safer participation, and (12) the ability of the athlete's parent(s) or guardian and coach to understand and

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Key Words

youth, athletes, risk of injury, contact and collision sports, prevention management, strenuousness, safety

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TABLE 1 Classification of Sports According to Contact

Contact	Limited-Contact	Noncontact
Basketball	Adventure racing ^a	Badminton
Boxing ^b	Baseball	Bodybuilding ^c
Cheerleading	Bicycling	Bowling
Diving	Canoeing or kayaking (white water)	Canoeing or kayaking (flat water)
Extreme sports ^d	Fencing	Crew or rowing
Field hockey	Field events	Curling
Football, tackle	High jump	Dance
Gymnastics	Pole vault	Field events
Ice hockey ^e	Floor hockey	Discus
Lacrosse	Football, flag or touch	Javelin
Martial arts ^f	Handball	Shot-put
Rodeo	Horseback riding	Golf
Rugby	Martial arts ^g	Orienteering ^h
Skiing, downhill	Racquetball	Power lifting ⁱ
Ski jumping	Skating	Race walking
Snowboarding	Ice	Riflery
Soccer	In-line	Rope jumping
Team handball	Roller	Running
Ultimate Frisbee	Skating	Sailing
Water polo	Cross-country	Scuba diving
Wrestling	Water	Swimming
	Skateboarding	Table tennis
	Softball	Tennis
	Squash	Track
	Volleyball	
	Weight lifting	
	Windsurfing or surfing	

^a Adventure racing has been added since the previous statement was published and is defined as a combination of 2 or more disciplines, including orienteering and navigation, cross-country running, mountain biking, paddling, and climbing and rope skills.¹

^b The American Academy of Pediatrics opposes participation in boxing for children, adolescents, and young adults.²

^c The American Academy of Pediatrics recommends limiting bodybuilding and power lifting until the adolescent achieves sexual maturity rating 5 (Tanner stage V).

^d Extreme sports has been added since the previous statement was published.

^e The American Academy of Pediatrics recommends limiting the amount of body checking allowed for hockey players 15 years and younger, to reduce injuries.

^f Martial arts can be subclassified as judo, jujitsu, karate, kung fu, and taekwon do; some forms are contact sports and others are limited-contact sports.

^g Orienteering is a race (contest) in which competitors use a map and a compass to find their way through unfamiliar territory.

to accept the risks involved in participation. Potential dangers of associated training activities that lead to repetitive and/or excessive overload also should be considered.

Unfortunately, adequate data on the risks of a particular sport for athletes with medical problems often are limited or lacking, and an estimate of risk becomes a necessary part of the decision-making process. If primary care physicians are uncertain or uncomfortable with the evaluation and/or the decision-making process, they should seek the counsel of a sports medicine specialist or a specialist in the specific area of medical concern. If the physician thinks that restriction from a sport is necessary for a particular patient, then he or she should counsel the athlete and family about safe alternative activities.

Physicians making decisions about sports participation for athletes with cardiovascular disease (Table 2) are strongly encouraged to consider consulting a cardiologist

and to review carefully recommendations from the 36th Bethesda Conference.¹² The complexities and nuances of cardiovascular disease make it difficult to provide important detailed information in a single table.

An athlete's underlying cardiac pathologic condition and the stress that a sport places on that condition are the 2 primary factors determining the risk of participating in that sport. A strenuous sport can place dynamic (volume) and static (pressure) demands on the cardiovascular system. These demands vary not only with activities of the sport but also with factors such as the associated training activities and the environment, as well as the level of emotional arousal and fitness of the competitors. Figure 1 lists sports according to their dynamic and static demands, as classified by cardiopulmonary experts of the 36th Bethesda Conference.¹²

New recommendations on sports participation for athletes with hypertension (Table 2) are available.^{10,12} The latest blood pressure tables provide the 50th, 90th, 95th, and 99th percentiles based on age, gender, and height.¹⁰ The blood pressure reading must be at least 5 mm Hg above the 99th percentile before any exclusion from sports is indicated.¹⁰ Periodic monitoring of resting (preexercise) blood pressure levels is preferred for readings above the 90th percentile. A more-complete evaluation is performed for sustained blood pressure readings above the 95th percentile.^{10,12}

In earlier legal decisions, athletes have been permitted to participate in sports despite known medical risks and against medical advice, usually in cases involving missing or nonfunctioning paired organs. In recent years, however, courts have been reluctant to permit athletes to participate in competitive athletics contrary to the team physician's medical recommendation. When an athlete's family seeks to disregard such medical advice against participation, the physician should ask all parents or guardians to sign a written informed consent statement indicating that they have been advised of the potential dangers of participation and that they understand these dangers. The physician should document, with the athlete's signature, that the child or adolescent athlete also understands the risks of participation. To ensure that parents or guardians truly understand the risks and dangers of participation against medical advice, it is recommended that these adults write the statement in their own words and handwriting.⁵⁹⁻⁶²

Additional information on the effects of medical problems on the risk of injury during sports participation is available in *Care of the Young Athlete* by the American Academy of Orthopaedic Surgeons and the American Academy of Pediatrics⁶³ and *Preparticipation Physical Evaluation, Third Edition*, by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.⁷ In addition, other American Academy of Pediatrics policy statements include relevant material.⁶⁴⁻⁶⁷

TABLE 2 Medical Conditions and Sports Participation

Condition	May Participate
Atlantoaxial instability (instability of the joint between cervical vertebrae 1 and 2) Explanation: Athlete (particularly if he or she has Down syndrome or juvenile rheumatoid arthritis with cervical involvement) needs evaluation to assess the risk of spinal cord injury during sports participation, especially when using a trampoline. ⁴⁻⁷	Qualified yes
Bleeding disorder Explanation: Athlete needs evaluation. ^{8,9}	Qualified yes
Cardiovascular disease	
Carditis (inflammation of the heart) Explanation: Carditis may result in sudden death with exertion.	No
Hypertension (high blood pressure) Explanation: Those with hypertension >5 mm Hg above the 99th percentile for age, gender, and height should avoid heavy weightlifting and power lifting, bodybuilding, and high-static component sports (Fig 1). Those with sustained hypertension (>95th percentile for age, gender, and height) need evaluation. ¹⁰⁻¹² The National High Blood Pressure Education Program Working Group report defined prehypertension and stage 1 and stage 2 hypertension in children and adolescents younger than 18 years of age. ¹⁰	Qualified yes
Congenital heart disease (structural heart defects present at birth) Explanation: Consultation with a cardiologist is recommended. Those who have mild forms may participate fully in most cases; those who have moderate or severe forms or who have undergone surgery need evaluation. The 36th Bethesda Conference ¹¹ defined mild, moderate, and severe disease for common cardiac lesions.	Qualified yes
Dysrhythmia (irregular heart rhythm)	Qualified yes
Long-QT syndrome	
Malignant ventricular arrhythmias	
Symptomatic Wolff-Parkinson-White syndrome	
Advanced heart block	
Family history of sudden death or previous sudden cardiac event	
Implantation of a cardioverter-defibrillator Explanation: Consultation with a cardiologist is advised. Those with symptoms (chest pain, syncope, near-syncope, dizziness, shortness of breath, or other symptoms of possible dysrhythmia) or evidence of mitral regurgitation on physical examination need evaluation. All others may participate fully. ¹³⁻¹⁵	
Heart murmur Explanation: If the murmur is innocent (does not indicate heart disease), full participation is permitted. Otherwise, athlete needs evaluation (see structural heart disease, especially hypertrophic cardiomyopathy and mitral valve prolapse).	Qualified yes
Structural/acquired heart disease	
Hypertrophic cardiomyopathy	Qualified no
Coronary artery anomalies	Qualified no
Arrhythmogenic right ventricular cardiomyopathy	Qualified no
Acute rheumatic fever with carditis	Qualified no
Ehlers-Danlos syndrome, vascular form	Qualified no
Marfan syndrome	Qualified yes
Mitral valve prolapse	Qualified yes
Anthracycline use Explanation: Consultation with a cardiologist is recommended. The 36th Bethesda Conference provided detailed recommendations. ^{12,15,16} Most of these conditions carry a significant risk of sudden cardiac death associated with intense physical exercise. Hypertrophic cardiomyopathy requires thorough and repeated evaluations, because disease may change manifestations during later adolescence. ^{12,13,17} Marfan syndrome with an aortic aneurysm also can cause sudden death during intense physical exercise. ¹⁸ Athlete who has ever received chemotherapy with anthracyclines may be at increased risk of cardiac problems because of the cardiotoxic effects of the medications, and resistance training in this population should be approached with caution; strength training that avoids isometric contractions may be permitted. ^{19,20} Athlete needs evaluation.	Qualified yes
Vasculitis/vascular disease	Qualified yes
Kawasaki disease (coronary artery vasculitis)	
Pulmonary hypertension Explanation: Consultation with a cardiologist is recommended. Athlete needs individual evaluation to assess risk on the basis of disease activity, pathologic changes, and medical regimen. ²¹	
Cerebral palsy Explanation: Athlete needs evaluation to assess functional capacity to perform sports-specific activity.	Qualified yes
Diabetes mellitus Explanation: All sports can be played with proper attention and appropriate adjustments to diet (particularly carbohydrate intake), blood glucose concentrations, hydration, and insulin therapy. Blood glucose concentrations should be monitored before exercise, every 30 min during continuous exercise, 15 min after completion of exercise, and at bedtime.	Yes
Diarhea, infectious Explanation: Unless symptoms are mild and athlete is fully hydrated, no participation is permitted, because diarrhea may increase risk of dehydration and heat illness (see fever).	Qualified no
Eating disorders Explanation: Athlete with an eating disorder needs medical and psychiatric assessment before participation.	Qualified yes
Eyes	Qualified yes
Functionally 1-eyed athlete	
Loss of an eye	
Detached retina or family history of retinal detachment at young age	
High myopia	
Connective tissue disorder, such as Marfan or Stickler syndrome	
Previous intraocular eye surgery or serious eye injury	

TABLE 2 Continued

	Condition	May Participate
	<p>Explanation: A functionally 1-eyed athlete is defined as having best-corrected visual acuity worse than 20/40 in the poorer-seeing eye. Such an athlete would suffer significant disability if the better eye were seriously injured, as would an athlete with loss of an eye. Specifically, boxing and full-contact martial arts are not recommended for functionally 1-eyed athletes, because eye protection is impractical and/or not permitted. Some athletes who previously underwent intraocular eye surgery or had a serious eye injury may have increased risk of injury because of weakened eye tissue. Availability of eye guards approved by the American Society for Testing and Materials and other protective equipment may allow participation in most sports, but this must be judged on an individual basis.^{23,24}</p>	
Conjunctivitis, infectious	<p>Explanation: Athlete with active infectious conjunctivitis should be excluded from swimming.</p>	Qualified no
Fever	<p>Explanation: Elevated core temperature may be indicative of a pathologic medical condition (infection or disease) that is often manifest by increased resting metabolism and heart rate. Accordingly, during athlete's usual exercise regimen, the presence of fever can result in greater heat storage, decreased heat tolerance, increased risk of heat illness, increased cardiopulmonary effort, reduced maximal exercise capacity, and increased risk of hypotension because of altered vascular tone and dehydration. On rare occasions, fever may accompany myocarditis or other conditions that may make usual exercise dangerous.</p>	No
Gastrointestinal	<p>Malabsorption syndromes (celiac disease or cystic fibrosis) Explanation: Athlete needs individual assessment for general malnutrition or specific deficits resulting in coagulation or other defects; with appropriate treatment, these deficits can be treated adequately to permit normal activities. Short-bowel syndrome or other disorders requiring specialized nutritional support, including parenteral or enteral nutrition Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports. Presence of central or peripheral, indwelling, venous catheter may require special considerations for activities and emergency preparedness for unexpected trauma to the device(s).</p>	Qualified yes
Heat illness, history of	<p>Explanation: Because of the likelihood of recurrence, athlete needs individual assessment to determine the presence of predisposing conditions and behaviors and to develop a prevention strategy that includes sufficient acclimatization (to the environment and to exercise intensity and duration), conditioning, hydration, and salt intake, as well as other effective measures to improve heat tolerance and to reduce heat injury risk (such as protective equipment and uniform configurations).^{25,26}</p>	Qualified yes
Hepatitis, infectious (primarily hepatitis C)	<p>Explanation: All athletes should receive hepatitis B vaccination before participation. Because of the apparent minimal risk to others, all sports may be played as athlete's state of health allows. For all athletes, skin lesions should be covered properly, and athletic personnel should use universal precautions when handling blood or body fluids with visible blood.²⁷</p>	Yes
HIV infection	<p>Explanation: Because of the apparent minimal risk to others, all sports may be played as athlete's state of health allows (especially if viral load is undetectable or very low). For all athletes, skin lesions should be covered properly, and athletic personnel should use universal precautions when handling blood or body fluids with visible blood.²⁸ However, certain sports (such as wrestling and boxing) may create a situation that favors viral transmission (likely bleeding plus skin breaks). If viral load is detectable, then athletes should be advised to avoid such high-contact sports.</p>	Yes
Kidney, absence of one	<p>Explanation: Athlete needs individual assessment for contact, collision, and limited-contact sports. Protective equipment may reduce risk of injury to the remaining kidney sufficiently to allow participation in most sports, providing such equipment remains in place during activity.²²</p>	Qualified yes
Liver, enlarged	<p>Explanation: If the liver is acutely enlarged, then participation should be avoided because of risk of rupture. If the liver is chronically enlarged, then individual assessment is needed before collision, contact, or limited-contact sports are played. Patients with chronic liver disease may have changes in liver function that affect stamina, mental status, coagulation, or nutritional status.</p>	Qualified yes
Malignant neoplasm	<p>Explanation: Athlete needs individual assessment.²⁷</p>	Qualified yes
Musculoskeletal disorders	<p>Explanation: Athlete needs individual assessment.</p>	Qualified yes
Neurologic disorders	<p>History of serious head or spine trauma or abnormality, including craniotomy, epidural bleeding, subdural hematoma, intracerebral hemorrhage, second-impact syndrome, vascular malformation, and neck fracture.^{43,28-30} Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports. History of simple concussion (mild traumatic brain injury), multiple simple concussions, and/or complex concussion Explanation: Athlete needs individual assessment. Research supports a conservative approach to concussion management, including no athletic participation while symptomatic or when deficits in judgment or cognition are detected, followed by graduated return to full activity.²⁸⁻³²</p>	Qualified yes
Myopathies	<p>Explanation: Athlete needs individual assessment.</p>	Qualified yes
Recurrent headaches	<p>Explanation: Athlete needs individual assessment.³³</p>	Yes
Recurrent plexopathy (burner or stinger) and cervical cord neuropraxia with persistent defects	<p>Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports; regaining normal strength is important benchmark for return to play.^{34,35}</p>	Qualified yes
Seizure disorder, well controlled	<p>Explanation: Risk of seizure during participation is minimal.³⁴</p>	Yes
Seizure disorder, poorly controlled	<p>Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports. The following noncontact sports should be avoided: archery, riflery, swimming, weightlifting, power lifting, strength training, and sports involving heights. In these sports, occurrence of a seizure during activity may pose a risk to self or others.³⁶</p>	Qualified yes

TABLE 2 Continued

Condition	May Participate
Obesity Explanation: Because of the increased risk of heat illness and cardiovascular strain, obese athlete particularly needs careful acclimatization (to the environment and to exercise intensity and duration), sufficient hydration, and potential activity and recovery modifications during competition and training. ²⁷	Yes
Organ transplant recipient (and those taking immunosuppressive medications) Explanation: Athlete needs individual assessment for contact, collision, and limited-contact sports. In addition to potential risk of infections, some medications (eg, prednisone) may increase tendency for bruising.	Qualified yes
Ovary, absence of one Explanation: Risk of severe injury to remaining ovary is minimal.	Yes
Pregnancy/postpartum Explanation: Athlete needs individual assessment. As pregnancy progresses, modifications to usual exercise routines will become necessary. Activities with high risk of falling or abdominal trauma should be avoided. Scuba diving and activities posing risk of altitude sickness should also be avoided during pregnancy. After the birth, physiological and morphological changes of pregnancy take 4 to 6 weeks to return to baseline. ^{28,29}	Qualified yes
Respiratory conditions	
Pulmonary compromise, including cystic fibrosis Explanation: Athlete needs individual assessment but, generally, all sports may be played if oxygenation remains satisfactory during graded exercise test. Athletes with cystic fibrosis need acclimatization and good hydration to reduce risk of heat illness.	Qualified yes
Asthma Explanation: With proper medication and education, only athletes with severe asthma need to modify their participation. For those using inhalers, recommend having a written action plan and using a peak flowmeter daily. ⁴³⁻⁴⁵ Athletes with asthma may encounter risks when scuba diving.	Yes
Acute upper respiratory infection Explanation: Upper respiratory obstruction may affect pulmonary function. Athlete needs individual assessment for all except mild disease (see fever).	Qualified yes
Rheumatologic diseases	Qualified yes
Juvenile rheumatoid arthritis Explanation: Athletes with systemic or polyarticular juvenile rheumatoid arthritis and history of cervical spine involvement need radiographs of vertebrae C1 and C2 to assess risk of spinal cord injury. Athletes with systemic or HLA-B27-associated arthritis require cardiovascular assessment for possible cardiac complications during exercise. For those with micrognathia (open bite and exposed teeth), mouth guards are helpful. If uveitis is present, risk of eye damage from trauma is increased; ophthalmologic assessment is recommended. If visually impaired, guidelines for functionally 1-eyed athletes should be followed. ⁴⁶	
Juvenile dermatomyositis, idiopathic myositis	
Systemic lupus erythematosus	
Raynaud phenomenon Explanation: Athlete with juvenile dermatomyositis or systemic lupus erythematosus with cardiac involvement requires cardiology assessment before participation. Athletes receiving systemic corticosteroid therapy are at higher risk of osteoporotic fractures and avascular necrosis, which should be assessed before clearance; those receiving immunosuppressive medications are at higher risk of serious infection. Sports activities should be avoided when myositis is active. Rhabdomyolysis during intensive exercise may cause renal injury in athletes with idiopathic myositis and other myopathies. Because of photosensitivity with juvenile dermatomyositis and systemic lupus erythematosus, sun protection is necessary during outdoor activities. With Raynaud phenomenon, exposure to the cold presents risk to hands and feet. ⁴⁶⁻⁴⁸	
Sickle cell disease Explanation: Athlete needs individual assessment. In general, if illness status permits, all sports may be played; however, any sport or activity that entails overexertion, overheating, dehydration, or chilling should be avoided. Participation at high altitude, especially when not acclimatized, also poses risk of sickle cell crisis.	Qualified yes
Sickle cell trait Explanation: Athletes with sickle cell trait generally do not have increased risk of sudden death or other medical problems during athletic participation under normal environmental conditions. However, when high exertional activity is performed under extreme conditions of heat and humidity or increased altitude, such catastrophic complications have occurred rarely. ⁴⁹⁻⁵² Athletes with sickle cell trait, like all athletes, should be progressively acclimatized to the environment and to the intensity and duration of activities and should be sufficiently hydrated to reduce the risk of exertional heat illness and/or rhabdomyolysis. ²⁹ According to National Institutes of Health management guidelines, sickle cell trait is not a contraindication to participation in competitive athletics, and there is no requirement for screening before participation. ⁵³ More research is needed to assess fully potential risks and benefits of screening athletes for sickle cell trait.	Yes
Skin infections, including herpes simplex, molluscum contagiosum, verrucae (warts), staphylococcal and streptococcal infections (furuncles [boils], carbuncles, impetigo, methicillin-resistant <i>Staphylococcus aureus</i> [cellulitis and/or abscesses]), scabies, and tinea Explanation: During contagious periods, participation in gymnastics or cheerleading with mats, martial arts, wrestling, or other collision, contact, or limited-contact sports is not allowed. ⁵⁴⁻⁵⁷	Qualified yes
Spleen, enlarged Explanation: If the spleen is acutely enlarged, then participation should be avoided because of risk of rupture. If the spleen is chronically enlarged, then individual assessment is needed before collision, contact, or limited-contact sports are played.	Qualified yes
Testicle, undescended or absence of one Explanation: Certain sports may require a protective cup. ²²	Yes

This table is designed for use by medical and nonmedical personnel. "Needs evaluation" means that a physician with appropriate knowledge and experience should assess the safety of a given sport for an athlete with the listed medical condition. Unless otherwise noted, this need for special consideration is because of variability in the severity of the disease, the risk of injury for the specific sports listed in Table 1, or both.

FIGURE 1

Classification of sports according to cardiovascular demands (based on combined static and dynamic components).^{1,2} This classification is based on peak static and dynamic components achieved during competition. It should be noted, however, that the higher values may be reached during training. The increasing dynamic component is defined in terms of the estimated percentage of maximal oxygen uptake (Max O₂) achieved and results in increasing cardiac output. The increasing static component is related to the estimated percentage of maximal voluntary contraction (MVC) reached and results in increasing blood pressure load. Activities with the lowest total cardiovascular demands (cardiac output and blood pressure) are shown in box IA, and those with the highest demands are shown in box IIC. Boxes IA and IB depict activities with low/moderate total cardiovascular demands, boxes IIIA, IIB, and IIC depict activities with moderate total cardiovascular demands, and boxes IIB and IC depict high/moderate total cardiovascular demands. These categories progress diagonally across the graph from lower left to upper right. * Danger of bodily collision. † Increased risk if syncope occurs. ‡ Participation is not recommended by the American Academy of Pediatrics.¹⁻⁴ The American Academy of Pediatrics classifies cricket in the IB box (low static component and moderate dynamic component).^{1,4} (Reproduced with permission from Mitchell JH, Haskell W, Snell P, Van Camp SP. 36th Bethesda Conference. Task force 8: classification of sports. *J Am Coll Cardiol*. 2005;45(8):1364-1367.)

		INCREASING DYNAMIC COMPONENT →		
		A. Low (< 40% Max O ₂)	B. Moderate (40-70% Max O ₂)	C. High (> 70% Max O ₂)
↑ INCREASING STATIC COMPONENT	III. High (>50% MVC)	IIIA (Moderate) Bobsledding/luge ^{a,b} Field events (throwing) Gymnastics ^{a,b} Martial arts ^a Sailing Sport climbing Water skiing ^{a,b} Weight lifting ^{a,b} Windsurfing ^{a,b}	IIB (High Moderate) Body building ^{a,b} Downhill skiing ^{a,b} Skateboarding ^{a,b} Snowboarding ^{a,b} Wrestling ^a	IIC (High) Boxing ^{a,b} Canoeing/kayaking Cycling ^{a,b} Decathlon Rowing Speed-skating ^{a,b} Triathlon ^{a,b}
	II. Moderate (20-50% MVC)	IIA (Low Moderate) Archery Auto racing ^{a,b} Diving ^{a,b} Equestrian ^{a,b} Motorcycling ^{a,b}	IIB (Moderate) American football ^a Field events (jumping) Figure skating ^a Rodeoing ^{a,b} Rugby ^a Running (sprint) Surfing ^{a,b} Synchronized swimming ^a	IIC (High Moderate) Basketball ^a Ice hockey ^a Cross-country skiing (skating technique) Lacrosse ^a Running (middle distance) Swimming Team handball
	I. Low (< 20% MVC)	IA (Low) Billiards Bowling Cricket ^a Curling Golf Riffery	IB (Low Moderate) Baseball/softball ^a Fencing Table tennis Volleyball	IC (Moderate) Badminton Cross-country skiing (classic technique) Field hockey ^a Orienteering Race walking Racquetball/squash Running (long distance) Soccer ^a Tennis

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ADDITIONAL RESOURCE

Brenner JS, American Academy of Pediatrics, Council on Sports Medicine and Fitness. Overuse injuries, overtraining, and burn-out in athletes. *Pediatrics*. 2007;119(6):1232-1241

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Resistance Training for Children and Adolescents

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Resistance training is becoming more important as an integral part of comprehensive sport training regimens, school physical education classes, and after-school fitness programs. The increasing number of youth who are involved in sport activities, coupled with the health problems of inactivity and being overweight, have resulted in increased interest in resistance training. Secular declines in measures of muscular fitness in modern-day youth highlight the need for participation in youth resistance training for nonathletes as well as athletes. Parents often ask pediatricians to offer advice regarding the safety, benefits, and implementation of an effective resistance-training program. This report is a revision of the 2008 American Academy of Pediatrics policy statement and reviews current information and research on the benefits and risks of resistance training for children and adolescents.

KEY POINTS

1. Positive outcomes of improved strength in youth continue to be acknowledged, including improvements in health, fitness, rehabilitation of injuries, injury reduction, and physical literacy.
2. Resistance training is not limited to lifting weights but includes a wide array of body weight movements that can be implemented at young ages to improve declining measures of muscular fitness among children and adolescents.
3. Scientific research supports a wide acceptance that children and adolescents can gain strength with resistance training with low injury rates if the activities are performed with an emphasis on proper technique and are well supervised.
4. Gains in childhood strength are primarily attributed to the neurologic mechanism of increases in motor neuron recruitment, allowing for increases in strength without resultant muscle hypertrophy.

abstract

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- It is important to incorporate resistance training into physical education classes and youth sport programs to increase muscular strength, reduce the risk of overuse injuries, and spark an ongoing interest in this type of exercise.
- Certain health situations require consultation with a medical professional before starting a program of resistance training.

BACKGROUND

Resistance training and strength training are synonymous terms used to denote a component of sport and exercise training that is designed to enhance muscular strength, muscular power, and local muscular endurance for general exercise or competitive sports. Resistance training is a specialized method of conditioning that involves the use of different modes of training with a wide range of resistive loads, from body weight to barbells. Resistance-training programs may include the use of free weights (barbells and dumbbells), weight machines, medicine balls,

kettlebells, elastic tubing, or a person's own body weight to provide the resistance needed to increase strength.

Along with the extremes of inactivity and/or being overweight and the evolution of youth sports into more intense training at younger ages, there is also a change in the landscape of "strength" among children and adolescents. Evidence of decreasing measures of muscular fitness in youth over the years adds importance for involving youth in some form of resistance exercise regardless of whether they are involved in sports.¹⁻³ On the other hand, some adolescents are increasingly using resistance training in pursuit of muscularity without even being involved in sports.⁴ The type, amount, and frequency of resistance exercises are dictated by the specific and unique goals of the sport and training program as well as the individual child's resistance training skill competency (RTSC) and accumulated time of formal resistance training (also referred to as "training age"). Table 1 defines an

alphabetical list of common terms used in resistance training.

RESISTANCE-TRAINING BENEFITS

Performance Benefits

The many benefits of resistance training have been increasingly documented in the pediatric sports arena. Although building strength is often a primary goal, the positive sequelae of strength gains in youth continue to be recognized, including improvements in motor skill performance, gains in speed and power, developing physical literacy, reducing the risk of injury, and injury rehabilitation. Children and youth are entering competitive sports at younger ages, and their training programs are becoming more complex and can involve the use of private coaching, personal trainers, and sports psychologists in addition to their routine coaches and teams. Possessing adequate strength to keep up with these increased demands on the body is valuable to help reduce the risk of injury and optimize gains in performance.

TABLE 1 Definitions

Term	Definition
Bodybuilding	Lifting weights with the specific goal of increasing muscle size, symmetry, and definition with the possible goal of entering competitive events that are judged
Concentric muscle action	The muscle shortens during contraction (ie, lifting phase of bicep curl)
Core strengthening	Focusing a strength-building program on the muscles that stabilize the trunk and pelvis of the body; this training emphasizes strengthening the abdominal, low back, and gluteal muscles as well as flexibility of muscular attachments to the pelvis, such as the quadriceps and hamstring muscles
Eccentric muscle action	The muscle lengthens during contraction (ie, lowering phase of bicep curl)
Integrative neuromuscular training	Multimodal exercise program using different types of resistance training to target deficits in strength and motor control by improving both health- and skill-related components of physical fitness
Isokinetic muscle action	This exercise requires special equipment that maintains a fixed speed of muscle contraction throughout the range of motion
Muscular fitness	A global term that includes muscular strength, muscular power, and local muscular endurance
Physical literacy	Moving with confidence and competence in various activities and environments to benefit overall health
Plyometric exercises	Repeated, rapid, eccentric, and concentric muscle actions, such as side-to-side hops or squat jumps
Powerlifting	A competitive sport that involves maximum lifting ability; powerlifting includes the dead lift, back squat, and bench press
Prehabilitation	Strength, flexibility, and functional training aimed at preventing injuries before they happen or reducing the risk of a recurrent injury
Repetition (rep)	One complete movement of an exercise that typically involves lifting and lowering a load
Repetition maximum (RM)	The maximum amount of weight that can be lifted with proper exercise technique using a given resistance; a 1 RM is the maximum resistance that can be used for 1 complete repetition of an exercise, whereas a 10 RM is the maximum resistance that can be used for 10 complete repetitions of an exercise
Set	A group of repetitions performed continuously
Weightlifting	A sport that involves the performance of the snatch and clean-and-jerk exercises in competition
Weightlifting training	The use of weightlifting exercises, movements, and derivatives of these exercises incorporated into a training program

Health Benefits

Healthy lifestyles incorporate regular exercise that provides a balance of activities, including participating in strength-building programs. In addition to increasing muscular strength, muscular power, and local muscular endurance, resistance training has been shown to produce many health benefits, including improvements in cardiovascular fitness, body composition, bone mineral density, blood lipid profiles, insulin sensitivity in youth who are overweight, increased resistance to injury, and mental health.⁵⁻¹⁴

Programs involving resistance training provide positive options to engage children and adolescents with overweight or obesity in physical activity and may be more likely to create a positive and successful experience for these participants, who may have lower levels of physical fitness, poor exercise compliance, and reduced tolerance for aerobic training.¹⁵⁻¹⁷ Evidence does show that participation in a resistance-training program helps increase daily levels of spontaneous activity in school-aged boys,^{18,19} which suggests that resistance training may be a good place to start when trying to get inactive kids to be more active. Progressing into a combined program of resistance and aerobic training may generate added benefit because combined programs have shown favorable effects on the reduction of total body fat in youth.²⁰⁻²²

Additional Benefits

After years of research, it is now accepted that children and adolescents can increase strength with low injury rates if resistance training is well supervised with an emphasis on correct technique. Early studies successfully demonstrated significant strength gains in children and a lack of injury with proper technique and supervision.^{5,7,12,23}

With a preponderance of studies showing positive gains from youth resistance training, perspectives are shifting regarding integrating resistance training into physical education, youth fitness, and injury-reduction programs.

Previous concerns regarding resistance training focused on what would happen if a child lifts weights, but more recent focus has turned toward what will happen if a child does not lift weights, especially in light of the secular declines in measures of muscular fitness over the years. Targeting strength deficits and building strength reserves will continue to be a valuable concept to address.^{24,25} The available research supports resistance training in youth with a new perspective of acquiring and maintaining high strength reserves to enhance performance across a wide range of general and specific skills while reducing injury risk. There is a shift from the primary concern of injuries associated with resistance training to the concern of injury and other adverse events because of a lack of adequate strength to keep up with training demands.^{14,26,27}

Resistance training is applicable to virtually all children and adolescents for contributions to muscular fitness, resistance to injury, and improved performance. Enhancing muscular strength is an important concept to embrace fully beyond the association with only lifting progressively heavier weights. This clarification may encourage girls and boys to engage in year-round resistance training to increase their strength reserves without fear of getting too muscular or impairing sports performance.

Numerous studies have shown that children and adolescents can gain strength with resistance-training programs involving technique-driven progression along with qualified supervision and instruction.^{5,7,12,23,28-30} Adequate

supervision may be variable depending on the goals of the resistance-training program, RTSC of the participants, and experience of the teacher, instructor, or coach. An experienced professional may be able to effectively guide a larger number of youth, whereas more individualized instruction may be appropriate for more advanced-level techniques. There are many different variables that contribute to a well-designed youth resistance-training program, including quality of instruction, training environment, training frequency, training age, type of resistance used, intensity of effort, number of sets and repetitions, rest interval between sets and exercises, and duration of training.²⁶

Training and Detraining

Recent studies suggest that resistance-training programs lasting >23 weeks are most effective in attaining maximal strength gains.³⁰ Strength gains occur with different types of resistance training for a minimum duration of 8 weeks with a frequency of 2 to 3 times a week. In general, detraining effects can occur after 8 to 12 weeks without resistance training,^{5,7,11,15,31,32} but detraining is a more complex process in youth because of developmental improvements in performance, which allows some skills to be retained better than others.³² Children recover more quickly than adults from resistance-training fatigue; therefore, experts recommend 1 minute of rest between sets for beginners, increasing to 2 to 3 minutes of rest as the intensity of training increases (ie, incorporation of weightlifting movements or plyometric exercises).³³ Training exercises involving the core (abdominals, low back, and gluteal muscles) are foundationally important for sports participation and can provide benefit for sport-specific skill acquisition and postural control.^{7,34,35}

One-Repetition Maximum

The one-repetition maximum (1 RM) (see Table 1 for definition) test can be administered by qualified professionals to assess maximal strength, determine an appropriate resistance-training intensity, and evaluate the effectiveness of a resistance-training program.³⁶ Previous American Academy of Pediatrics (AAP) policy statements have not recommended 1 RM testing in skeletally immature individuals. However, 1 RM testing that is properly administered has been found to be a valid and reliable measure of strength and power in children and adolescents.^{36,37} Although 1 RM testing is used in pediatric research settings and youth sport facilities, alternative measures (handgrip strength, long jump, and vertical jump) correlate with 1 RM strength and may be used to evaluate muscular fitness in youth.³⁸ Research indicates that 1 RM testing in children and adolescents can be safe and efficacious when established testing protocols are followed by qualified professionals.^{36,37,39,40}

Mechanisms of Strength Gains

Proper resistance training in children can enhance strength without resultant muscle hypertrophy. These strength gains are attributed primarily to a neurologic mechanism whereby training increases the number of motor neurons that are "recruited" to fire with each muscle contraction.^{41,42} This mechanism accounts for the increase in strength in populations with low androgen concentrations, including girls and preadolescent boys. In contrast, resistance training during and after puberty augments muscle growth by actual muscle hypertrophy.¹¹ Early studies regarding resistance training involved nonathletic children, but an increasing number of studies are being conducted with competitive young athletes.^{43,44} Further research is needed in the area of long-term

strength improvements with resistance training programs in young athletes and the effect on the neurologic mechanism of motor unit recruitment.

Performance Enhancement and Other Uses of Resistance Training

Increases in strength with resistance programs have shown improvement in some performance measures, such as vertical jump, countermovement jumps, and sprint time^{6,45-47} as well as improved maximal oxygen uptake with combined resistance and aerobic training programs.⁴⁸ Resistance training combined with aerobic training does not appear to impair strength gains in youth and may be more beneficial than single-mode training.^{32,49} Translation of those improvements to overall athletic performance on the field or court may be more difficult because so many variables are involved with actual performance, making it challenging to separate the contribution from resistance training alone. However, positive results in the area of performance measures, along with other aspects of sport, such as injury rehabilitation and injury reduction, make resistance training a valuable piece of the training landscape and foundational to long-term athletic development.^{50,51}

Prehabilitation

Preventive exercise (prehabilitation) uses resistance training to address and focus on joints that are commonly at risk for overuse injuries (ie, enhancing rotator cuff and scapular stabilization strength preventively to reduce shoulder injury in athletes who are involved in overhead sports, such as baseball, softball, tennis, volleyball, swimming, and water polo). Research in adolescent athletes has shown resistance training to contribute to decreased injuries.^{5-7,14,52,53} Injury prevention programs may have greater effectiveness when started before the period of altered

biomechanics that increase injury risk.⁵⁴⁻⁵⁶

Various prehabilitation studies are finding positive results in the reduction of anterior cruciate ligament injuries, especially when resistance training exercises are combined with plyometric exercises.^{5-7,45,52,57} Plyometric training involves the use of rapid concentric and eccentric muscle actions to enhance muscle strength and power in a relatively short amount of time, such as squat jumps. Plyometric exercises may benefit performance⁵⁸⁻⁶⁰ and reduce the risk of injury. When combined with proprioceptive training (ie, balance exercises), these programs have also been shown to be beneficial in rehabilitation and reduction of certain injuries, such as ankle sprains.⁶¹

RESISTANCE TRAINING RISKS

Injury rates in youth resistance training settings that adhere to qualified supervision and proper technique are lower than those occurring in other sports or general recess play at school.⁴ On the basis of years of research in this area, there is less concern for injury from supervised, well-designed, and technique-driven resistance training and more concern for injuries that occur because of poor supervision, an inappropriate progression of training loads, or low strength reserves in youth who are not prepared for the demands of sports practice and competition.

Overtraining Risks

Resistance training has more of a place in injury reduction than in the cause of injury. However, prolonged training with heavy loads and resistance training without adequate rest and recovery between sessions have been correlated with increased injuries and illness,⁶²⁻⁶⁴ thus requiring similar attention as with other sources of overtraining and

sensible incorporation into the yearly training schedule. It is important to account for time spent in resistance training as part of total training time to reduce the risk of overuse injuries. Resistance training can be incorporated into a year-round plan that varies in volume and intensity depending on the sport season (eg, preseason, in season, or off season).

The AAP recommends rest from competitive athletics, sport-specific training, and practice by taking at least 1 to 2 days off per week to allow for physical and psychological recovery.⁶⁵ Adequate fluid and caloric intake is necessary to provide the fuel to exercise, compete, recover, and grow.^{66,67} Athletes participating in high levels of training volume who are underrecovered and undernourished are at risk for overtraining, injury, and illness.^{68,69}

Skeletal Risks

Appropriately designed resistance training programs have no apparent negative effect on linear growth, physical health, or the cardiovascular system.^{7,22} Explosive contractions of the muscle-tendon attachment at apophyseal areas during active play, sports, or lifting weights may increase the risk of avulsion fracture until closer to skeletal maturity.^{70,71} Resistance training safety is enhanced when teachers, coaches, and instructors ensure a safe training environment and use developmentally appropriate teaching strategies, focus on enhancing RTSC, and have an appropriate instructor/participant ratio. This ratio can vary on the basis of the expertise of the instructor, program design, and training age and RTSC of participants.

National Electronic Injury Surveillance System

Results of the US Consumer Product Safety Commission's National Electronic Injury Surveillance System (NEISS) have raised concerns about

injuries from the use of weights and resistance training. The NEISS collects data on injuries related to strength training equipment but does not provide information on supervision, program design, or training experience. This system warrants mentioning in this report to reduce conflicting information among the general public who read NEISS information. Careful interpretation of NEISS data is needed because most injuries reported from resistance training occur on home gym equipment with unsafe behavior in unsupervised settings.⁷² These data are in stark contrast to data from well-designed studies with appropriate supervision and technique, making education of parents necessary to reduce confusion about the risks associated with resistance training in the youth population.^{12,73-75}

NEISS data suggest that muscle strains account for many of the reported injuries, and areas that are most commonly injured are the hand, low back, and upper trunk; recent NEISS data also suggest that hand injuries are particularly common in children <12 years old.^{76,77} NEISS data neither specify the cause of the injury (ie, attempting to lift a heavy load with poor technique) nor separate recreational from competitive weightlifting or powerlifting injuries, but the data support the need for qualified supervision and equipment that are appropriate for the size and skill level of youth involved in resistance training.

Various intense metabolic conditioning programs incorporate different types of resistance training, running intervals, and repetitive body weight exercises, such as plyometrics, into training sessions. This type of high-intensity circuit training is typically characterized by the performance of a maximum number of repetitions of selected exercises for a predetermined time interval. In

adult metabolic conditioning programs, the shoulder, knee, and low back are most commonly injured,⁷⁸ but safety in the pediatric population is undetermined because of a lack of current data. As with any type of resistance training, it is important to have proper exercise technique, qualified supervision, and adequate recovery between intense training sessions.

Medical Conditions

Certain health situations require special attention before beginning a resistance training regimen. Athletes with poorly controlled, preexisting hypertension require consultation with a medical professional because of the risk of marked elevation of blood pressure during resistance training with weights. Using one's own body weight is an acceptable alternative until a consultation can be obtained.^{79,80} Consultation with a medical professional regarding resistance training is also required for young athletes with uncontrolled seizure disorders,⁸¹ although resistance training has been determined to be safe in children with underlying seizures that are well controlled on medication.^{81,82}

Some children and adolescents may be disqualified from participation in resistance training because of certain medical conditions. Counseling against resistance training is necessary for youngsters with hypertrophic cardiomyopathy who are at risk for worsening ventricular hypertrophy and restrictive cardiomyopathy or hemodynamic decompensation secondary to an acute increase in pulmonary hypertension.⁸³ Resistance training should be avoided in individuals with pulmonary hypertension because of a risk of acute decompensation during a sudden change in hemodynamics as well as those with Marfan syndrome.⁸³

Although exercise interventions that include resistance training may be beneficial for youth with cancer,⁸⁴ certain chemotherapeutic agents require caution. Youth with a previous history of cancer treated with anthracycline chemotherapy are at increased risk for cardiotoxicity and acute congestive heart failure during resistance training, as evidenced by case reports associated with doxorubicin, daunomycin or daunorubicin, idarubicin, and possibly mitoxantrone.⁸⁵

Misconceptions and Evidence

The health supervision visit is a good opportunity to explore the topic of resistance training, dispel the myths associated with this type of exercise (Table 2), and discuss the importance of staying physically active and strong. These visits can allow for the identification of risk factors for injury; discussion of family history, medical conditions, medications, previous injuries, as well as training goals; motivation for resistance training; discussion of experience; and discussion of expectations from both the child and parents. It is valuable for pediatricians to counsel families about the multiple health and fitness benefits of resistance training, including improvements in muscular strength, muscular power, sports performance, injury resistance, and long-term athletic development.

Performance-Enhancing Substances

The AAP strongly opposes the use of performance-enhancing substances and vigorously endorses efforts to eliminate their use among children and adolescents.⁸⁶ Information is available for health care providers to provide regarding the risks and health consequences of anabolic steroids and other performance-enhancing drugs as well as to discourage youth from considering their use. For instance, the AAP has a training simulation on addressing the use of performance-enhancing substances (available at www.aap.kognito.com).

Integrative Neuromuscular Training

In this era of sedentary pursuits of technology and social media, keeping children and adolescents active and optimally developing motor skills, muscular fitness, and physical literacy is challenging. No longer can it be assumed that children innately know how to run, hop, jump, and throw. Integrative neuromuscular training is a multimodal form of training that uses resistance exercises, dynamic stability, core exercises, and plyometric and agility training performed in short intervals with intermittent periods of rest.^{26,87} Integrative neuromuscular training can improve muscular fitness in youth, enhance motor skill development, improve sports

performance, and decrease sports injury risk.^{12,87}

It is difficult to say at what age a child can begin resistance training because of developmental differences. If a child is able to begin participating in sports activities at 5 years of age, being able to begin some type of resistance training with body weight movements at that age is acceptable because strength gains can be made in ways other than lifting external loads. An age range of 5 to 7 years is when many children are often involved in sports participation, and it is reasonable that they can also benefit from the strength-building process with exercises such as frog jumps, bear crawls, crab walks, kangaroo hops, and one-leg hops.⁸⁸ The one-leg hop is a skill most 5-year-olds should be able to perform,⁸⁹ although the ability to perform more complex movements will be influenced by the amount of time youth have practiced basic skills and reinforced desired movement patterns. The combination of qualified instruction with technique-driven progression is likely to yield the greatest benefits for youth at any age.

Training Age

The more recent concepts of "training age" and RTSC can be used in the design of a resistance training program. Training age refers to the

TABLE 2 Misconceptions Versus Evidence

Misconceptions	Evidence
A child is unable to increase strength before puberty.	Prepubertal children are able to gain strength by an increase in neurologic recruitment of muscle fibers, and gains in strength can be made with low injury rates if resistance training programs are well supervised with an emphasis on proper technique.
Young boys and girls may get "muscle bound" if they resistance train.	Prepubertal strength gains occur by neurologic mechanisms, and pubertal gains may augment muscle growth by actual muscle hypertrophy enhanced by pubertal hormones.
Resistance training may decrease aerobic performance in youth.	Improvements in aerobic performance have been shown with combined aerobic and resistance training programs, and combined aerobic and resistance programs do not appear to impair strength gains in children.
Resistance training may stunt growth.	Well-designed resistance training programs have not been shown to have a negative effect on physical (growth plate) health, linear growth, and cardiovascular health in youth.
Children are stronger now than ever before.	There is a need to target strength deficits and build strength reserves due to declining measures of muscular fitness in modern-day youth.
1 RM testing is unsafe for youth.	1 RM testing may be a safe method for assessing muscular strength in youth provided that qualified supervision is present and appropriate testing guidelines are followed.

cumulative amount of time spent in formalized training, and RTSC incorporates the quantity of weight lifted, the quality of the lifting movement, and the emotional maturity of the athlete.^{26,90} As the athlete's RTSC advances, higher loads may be used in a technique-driven process, and a gradual progression of incorporating skills requiring higher degrees of technical ability may be included (ie, more advanced weightlifting movements and plyometric exercises).⁷ Understanding training age and the importance of RTSC allows for developmentally appropriate, progressive training rather than relying on previous recommendations based solely on chronological age. With earlier participation in well-designed and properly supervised resistance training, a 10-year-old girl may already have 3 years of resistance-training experience versus a 14-year-old boy who is a beginner and has a resistance training age of 0.

Ways and Means of Improving Strength

Gains in strength can be acquired via various types of resistance training methods and equipment, including body weight, free weights, resistance bands, kettlebells, medicine balls, and child-size machines. Most fitness centers use equipment made for adult bodies and greater weight increments, but child-appropriate machines are available in some youth centers across the country. Dumbbells, kettlebells, and medicine balls require good balance control and technique while being small in size, portable, and allowing for sport-specific motions.

The Use of Weightlifting Movements

The competitive sport of weightlifting includes the snatch and the clean-and-jerk exercises, whereas weightlifting movements include derivatives of these exercises. Research has demonstrated that this type of weightlifting training is

superior in improving countermovement jumps, horizontal jumps, and 5- and 20-m sprints over traditional resistance training.^{47,91} Research has demonstrated that if light loads are used to learn these complex movements, and ongoing quality instruction is available for technique-driven progression, then weightlifting exercises and their derivatives can be incorporated into youth training programs safely.⁷ Learning how to perform these multijoint lifts correctly requires considerable time and coaching expertise. Performing these multijoint movements in childhood can help youth gain competence and confidence in performing these skills. If weightlifting movements are going to be incorporated into a youth training program, the following guidelines are to be considered.

- Advance in a gradual fashion, learning the lifts with a wooden dowel then progressing to an unloaded, light barbell and finally to a weighted barbell, focusing on proper form throughout the technique-driven progression. These weightlifting movements can be incorporated into beginner programs but will depend on the goal of the program and quality of instruction available.
- Consider training age and RTSC level, which will vary individually on the basis of cumulative training and level of instruction.
- Perform under the guidance of a professional with requisite coaching certifications, such as a certified strength and conditioning specialist (National Strength and Conditioning Association), accredited strength and conditioning coach (UK Strength and Conditioning Association), or USA weightlifting coach (USA Weightlifting).

Competitive bodybuilding is the application of resistance training principles specifically for the

appearance-related purposes of maximizing muscle mass, symmetry, and body definition. Endogenous anabolic hormones are necessary for the increased muscle mass that is the primary goal of bodybuilding. "Late bloomers" are often tempted to try to build muscle mass by increasing the intensity and volume of training; however, there is no substitute for the onset of puberty, and increased training does not hasten the biological clock. Concerns about abnormal eating behaviors, excessive focus on body image, or use of anabolic agents and other performance-enhancing substances warrant careful screening for these behaviors in any adolescent who pursues competitive bodybuilding.

Resistance Training Roadmap

Suggestions for youth who are engaged in a resistance training program are as follows.

- Qualified instructors with appropriate certifications who understand youth resistance-training principles and the physical and psychosocial uniqueness of youth should provide real-time feedback to ensure safe and correct movement development.
- Begin with 1 to 2 sets of 8 to 12 repetitions using a low resistance training intensity (ie, $\leq 60\%$ 1 RM) as proper technique is developed. A low resistance training intensity allows for the completion of 8 to 12 repetitions of a variety of exercises without undue fatigue.
- As RTSC improves and can be demonstrated consistently, it is reasonable to increase weight in 5% to 10% increments and reduce the number of repetitions.
- The program can be progressed to 2 to 4 sets of 6 to 12 repetitions with a low to moderate training intensity ($\leq 80\%$ 1 RM).
- Young athletes can be introduced to periodic phases of lower

repetition ranges (<6) at a higher training intensity (>80% 1 RM) provided that RTSC is high.³⁰

- When performing more complex, multijoint exercises, such as weightlifting, the importance of completing all repetitions with proper technique is vital to achieve proper motor control development. During this type of resistance training, fewer repetitions (eg, 1-3) may be productive to aid in motor control development.
- Include all muscle groups, including core muscles, in a resistance training program.
- Perform the various exercises through the full range of motion with proper technique.
- Perform exercises in a particular sequence during training. In general, work large muscle groups before small muscle groups and complex, multijoint exercises before single-joint exercises.
- Achieving strength gains require sessions to be at least 20 to 30 minutes long and performed 2 to 3 times per week on nonconsecutive days while gradually increasing resistance training intensity and volume as strength and RTSC improve.
- Keep the resistance training stimulus effective and enjoyable by periodically varying the exercises, sets, and repetitions.
- Use dynamic warm-up exercises integrated into the training session followed by cool-down periods with appropriate stretching techniques.
- Youth resistance training programs should be technique driven and consistent with the needs, abilities, and maturity level of the participants.

Guidelines have been proposed by the National Strength and Conditioning Association⁵ and the 2014 International Consensus position

statement on youth resistance training.⁷

Resistance training is highly encouraged as part of a multifaceted approach to physical literacy, exercise, strength building, fitness, and athletic performance in youth. It is valuable to emphasize that combining aerobic training with resistance training also offers long-term benefits for general health and fitness. Important factors concerning child health are fueling the need for resistance training for all youth. Trends of decreasing muscular fitness in youth and the requirement of strength for competency in movement skill development are important and make it meaningful for families to be aware of the benefits of integrating strength-building activities into a well-rounded exercise program for general physical fitness, sports participation, and lifelong health and wellbeing. It is also important for youth who are involved in resistance training to be able to participate in a safe, supportive, and nonabusive environment. Health care providers, parents, and coaches who are interested in learning more are referred to the US Center for SafeSport (www.safesport.org) and the AAP clinical report on organized sports.⁹²

RECOMMENDATIONS

The necessity and appropriateness of a youth resistance training program are determined on the basis of the program goals and RTSC of participants. Proper exercise technique and qualified supervision are necessary for youth resistance-training programs to be safe, effective, and enjoyable. With enthusiastic instruction, constructive feedback, and program variation, resistance training can become a lifetime activity. Recommendations for a youth resistance training program are as follows.

1. Obtain consultation with a medical professional before

beginning a resistance training program in youth with uncontrolled hypertension, uncontrolled seizure disorders, specific cardiovascular conditions, or a history of treatment with an anthracycline chemotherapeutic agent.

2. Seek consultation with a pediatric cardiologist for children with complex congenital cardiac diseases for guidance on safety and possible modification of participation.
3. Integrate aerobic and resistance training along with other skill-related fitness components into developmentally appropriate exercise training (ie, integrative neuromuscular training) to create a comprehensive fitness program.
4. In youth with overweight or obesity, start with basic resistance exercises over a more aerobically based program to support and encourage successful physical activity both short- and long-term.
5. Include dynamic warm-up exercises in the training session and cool down with less intense stretching.
6. Encourage participants to have an adequate intake of fluids and proper nutrition because both are important for energy storage, recuperation, and competition. Proper fuel is beneficial for the caloric demands of exercise, performance, recovery, and growth.
7. Assess RTSC and provide real-time feedback on exercise technique to minimize risk and maximize benefit from resistance training. This can be achieved by the following.
 - Exercises should be performed initially with little or no load until RTSC improves and proper technique has been mastered.

- Incremental loads may then be added by using either body weight or other forms of resistance as long as proper form can be maintained.
 - In youth with more advanced training age, higher loads and intensities will be necessary to increase muscular strength and power in preparation for sports.^{30,43,44}
 - 1 RM testing may be appropriate to develop an individualized resistance training program and monitor progress.
8. Address all major muscle groups of the upper and lower body along with the core and include multijoint activities, such as squats and weightlifting exercises, for a comprehensive program for building muscular strength and power. These exercises may be complemented by adding more focused exercises to address sport-specific goals.
 9. Sensibly incorporate resistance training and account for time spent in resistance training as part of the total training plan to reduce the risk of overuse injuries. Monitoring time spent resistance training in school- and community-based programs in addition to other types of training is important to account for true total training volume.⁹³
 10. Evaluate any symptom of illness or sign of injury or overuse from resistance training or sport participation before allowing the exercise program to resume.
 11. Incorporate weightlifting exercises and their derivatives into an exercise program under the direction of a qualified professional. Progress from a wooden dowel to an unloaded barbell as RTSC improves.
 12. Educate athletes about the risks associated with the use of performance-enhancing substances and/or drugs and anabolic steroids to discourage the use of such substances.
 13. Enhance resistance training safety by using professionals who are qualified, trained, and aware of the unique aspects of youth and possess a recognized strength and conditioning certification. Instructor/participant ratio is important and depends on the experience of the instructor as well as the training age and RTSC of participants. Licensed physical education teachers and certified fitness professionals with understanding and experience in training youth may provide safe and effective programs for children and adolescents, and young athletes may receive qualified instruction from their high school coaches or strength and conditioning specialists.⁹⁴
 14. Use proper technique and supervision by a qualified professional as necessary safety components in any resistance training program involving children and adolescents.

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ABBREVIATIONS

1 RM: 1-repetition maximum
 AAP: American Academy of Pediatrics
 NEISS: National Electronic Injury Surveillance System
 RTSC: resistance training skill competency

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- 1.1.5. ක්‍රීඩා තරඟ සඳහා ඉදිරිපත්වන සෑම ක්‍රීඩක ක්‍රීඩිකාවක්ම පාසල් ශිෂ්‍ය/ශිෂ්‍යාවන්ට යෝග්‍ය බාහිර පෙනුමෙන් හා ඇඳුම් පැළඳුම්වලින් යුක්තව සිටිය යුතු අතර ශිෂ්‍ය/ශිෂ්‍යාවන්ට උචිත විනයානුකූල හැසිරීමක් ක්‍රීඩා පිටියේ දී මෙන්ම ඉන් පිටත දී පවත්වා ගැනීම අනිවාර්ය වේ. ක්‍රීඩකත්වය හා සාධාරණ තරඟය යන ජීව ගුණයන් ආරක්ෂා කරමින් තරඟ වැදීම ක්‍රීඩක ක්‍රීඩිකාවන්ගේ වගකීමකි.
- 1.1.6. සෑම ක්‍රීඩක /ක්‍රීඩිකාවකගේම වයස සනාථ කිරීම සඳහා විධිමත් උපදැනුණ සහතිකයේ මුල් පිටපත ඉදිරිපත් කළ යුතුය. දිස්ත්‍රික් රෙජිස්ට්‍රාර්වරයා විසින් අනුසහතික කළ පිටපත ද විධිමත් උපදැනුණ සහතිකය ලෙස පිළිගනු ලැබේ.
- 1.1.7. තරඟවලට සහභාගි වන සියලුම ක්‍රීඩක / ක්‍රීඩිකාවන් තම අනන්‍යතාවය සනාථ කිරීම සඳහා පුද්ගලයින් ලියාපදිංචි කිරීමේ දෙපාර්තමේන්තුවෙන් නිකුත් කළ භාද්‍රකුම්පත හෝ වලංගු විදේශ ගමන් බලපත්‍රය ඉදිරිපත් කළ යුතුය. වයස අවුරුදු 15 සම්පූර්ණ නොවූ ක්‍රීඩක / ක්‍රීඩිකාවන් සඳහා පමණක් තැපැල් දෙපාර්තමේන්තුවෙන් නිකුත් කරන ලද තැපැල් භාද්‍රකුම්පත ඉදිරිපත් කළ හැකිය.
- 1.1.8. කිසියම් ශිෂ්‍යයකුට/ශිෂ්‍යාවකට එක් වර්ෂයක දී එක් තරඟාවලියක් නියෝජනය කළ හැක්කේ එක් පාසලකින් පමණි. එබැවින් යම් ක්‍රීඩකයකු කොට්ඨාස හෝ කලාප හෝ දිස්ත්‍රික් හෝ පළාත් තරඟ මට්ටමකට පෙනී සිට පාසලෙන් ඉවත්වී නව පාසලකට ඇතුළත්වූයේ නම් එම තරඟාවලියේ ඉදිරි තරඟ සඳහා ද තමා පෙර සිටි පාසලම නියෝජනය කළ යුතුය.
- 1.1.9. ශිෂ්‍යයකු / ශිෂ්‍යාවක වෙනත් පාසලකට ඇතුළත් වීමෙන් පසු එම ඇතුළත් වූ දිනයේ සිට වසරක කාලයක් ඇතුළත නව පාසල යටතේ ක්‍රීඩා තරඟවලට ලියාපදිංචි වන්නේ නම් ඔහු / ඇය දැනට ඉගෙනුම් ලබන පාසල යටතේ ක්‍රීඩාවලට ඉදිරිපත්වීමට විරුද්ධත්වයක් නොමැති බවට පසුගිය වසර තුළ ඉගෙන ගත් සියලුම පාසල්වල විදුහල්පතිවරුන්ගෙන් ලිඛිත අවසරයක් ලබා ගෙන අධ්‍යාපන අමාත්‍යාංශයේ අධ්‍යාපන අධ්‍යක්ෂ, ශාරීරික අධ්‍යාපන හා ක්‍රීඩා වෙත ඉදිරිපත් කර අනුමැතිය ලබා ගත යුතු ය. 6 ශ්‍රේණිය හා 12 ශ්‍රේණිය සඳහා පළමුවරට ඇතුළත් වූ සිසුන්ට පාසල නියෝජනය කිරීමට ද ක්‍රීඩා පාසල් සඳහා ඇතුළත්වන ක්‍රීඩා ශිෂ්‍යත්වලාභීන්ටද තම ක්‍රීඩා පාසල නියෝජනය කිරීමට ද ඉහත 1.1.8 ට යටත්ව මෙම නීතිය බල නොපැවැත්වේ.
- 1.1.10. තරඟාවලියකට ඉල්ලුම්පත්‍ර කැඳවන අවස්ථාවේ දී ශිෂ්‍යයකු ඉල්ලුම්පත්‍ර ඉදිරිපත් කරන පාසලට ඇතුළත් වී සිටිය යුතු අතර එහි දී ඉහත 1.1.9 අනුව කටයුතු කළ යුතුය.
- 1.1.11. දහතුන් වසරක අඛණ්ඩ අධ්‍යාපන වැඩසටහන ක්‍රියාත්මක වන පාසල්වල විදුහල්පති විසින් අදාළ සිසුන් පාසලේ පූර්ණ කාලීනව දහතුන් වසරක අඛණ්ඩ අධ්‍යාපන වැඩසටහන යටතේ ඉගෙනුම් ලබන බව ලිඛිතව සහතික කිරීම අනිවාර්ය වේ. (අධ්‍යාපන අමාත්‍යාංශය විසින් ඊට අදාළ වක්‍රලේඛ නිකුත්කර නියමිත පරිදි 13 වසරක අඛණ්ඩ අධ්‍යාපන වැඩසටහන ක්‍රියාත්මක වන පාසල් පමණක් මෙයට අදාළ වේ.)
- 1.1.12. විවිධ ක්‍රීඩා සඳහා බලපාන සම්මත නීති රීතිවලට අතිරේක ව අධ්‍යාපන අමාත්‍යාංශය මඟින් පනවනු ලබන නීති රීති අනුව තරඟ පැවැත්විය යුතුය.
- 1.1.13. අධ්‍යාපන අමාත්‍යාංශය මඟින් නිකුත් කරන වාර්ෂික දින දර්ශනයට අනුව ඉල්ලුම්පත් ඉදිරිපත් කිරීම, තරඟ පැවැත්වීම කළ යුතුය.

1.2 ක්‍රීඩා තරඟ වර්ගීකරණය

1.2.1. පාසල් ශිෂ්‍ය / ශිෂ්‍යාවන් සඳහා සංවිධානය කරනු ලබන ක්‍රීඩා තරඟ පහත දක්වා ඇති පරිදි වර්ගීකරණය කර ඇත.

1.2.1.1 සමස්ත ලංකා පාසල් ක්‍රීඩා තරඟාවලිය

1.2.1.2 පාසල් ක්‍රීඩා සංගම් විසින් සංවිධානය කරනු ලබන ක්‍රීඩා තරඟ

1.2.1.3 අධ්‍යාපන අමාත්‍යාංශයේ අනුමැතිය යටතේ ජාතික ක්‍රීඩා සංගම්, දිස්ත්‍රික් සංගම්, ක්‍රීඩා සමාජ සහ වෙනත් පිළිගත් සංවිධාන විසින් සංවිධානය කරනු ලබන ක්‍රීඩා තරඟ

1.2.2. සමස්ත ලංකා පාසල් ක්‍රීඩා තරඟාවලිය

මෙම තරඟාවලිය පහත අදියරවලින් සමන්විතය.

1.2.2.1 පාසල් මට්ටම (නිවාසාන්තර ක්‍රීඩා තරඟ)

1.2.2.2 කොට්ඨාස මට්ටම (තරඟ පැවැත්වීම පිළිබඳව පළාත් අධ්‍යාපන දෙපාර්තමේන්තුවට හෝ කලාප අධ්‍යාපන කාර්යාලයට තීරණයක් ගත හැකිය.)

1.2.2.3 කලාප මට්ටම

1.2.2.4 පළාත් මට්ටම

1.2.2.5 ජාතික මට්ටම

1.2.3. සමස්ත ලංකා පාසල් ක්‍රීඩා තරඟ සඳහා සෑම කණ්ඩායම් තරඟ ඉල්ලුම් පත්‍රයක්ම කණ්ඩායම් භාර ඉදිරි හවසා, විදුහල්පති, කලාප අධ්‍යාපන අධ්‍යක්ෂ සහ පළාත් අධ්‍යාපන අධ්‍යක්ෂ සහතික කර තිබිය යුතු ය. සමස්ත ලංකා මට්ටමේ තරඟ සඳහා ඉල්ලුම්පත්‍ර භාර ගැනීමෙන් පසු ක්‍රමයෙන් අන්දමේ හෝ සංශෝධනයක් සිදු කරනු නොලැබේ.

1.2.4. සමස්ත ලංකා පාසල් ක්‍රීඩා තරඟ සඳහා ක්‍රීඩක, ක්‍රීඩිකාවන් ඇතුළත් කිරීමට පළාත් අධ්‍යාපන දෙපාර්තමේන්තුව මගින් පිළිගත් අභියාචනා ඉදිරිපත් කර ඇති අවස්ථාවලදී ඒ පිළිබඳව සලකා බලනු ලබන්නේ එම ක්‍රීඩකයා/ක්‍රීඩිකාව මීට අනුයාත වර්ෂයේ දී සමස්ත ලංකා මට්ටමේ පාසල් ක්‍රීඩාවලදී දක්වා ඇති දක්ෂතා සැලකිල්ලට ගෙනය. එසේ සලකා බලනු ලබන ක්‍රීඩක ක්‍රීඩිකාවන් අදාළ පළාතේ ක්‍රීඩා තරඟ පවත්වන කාලසීමාවේ දී අධ්‍යාපන අමාත්‍යාංශයේ විධිමත් අවසරය පරිදි ශ්‍රී ලංකාව නියෝජනය කරමින් විදේශ තරඟාවලියක් සඳහා සහභාගී වී තිබීම හෝ රෝගාතුරව සිටීමක් නම් රජයේ ක්‍රීඩා වෛද්‍ය ඒකකයකින් ලබා ගත් වෛද්‍ය වාර්තා ඉදිරිපත් කර තිබීම සලකා බලනු ලැබේ. එම ක්‍රීඩකයා, ක්‍රීඩිකාව අනිවාර්යයෙන්ම තරඟ පවත්වන වර්ෂයේ කලාප මට්ටමේ තරඟ සඳහා ඉදිරිපත්ව සුදුසුකම් ලබා තිබිය යුතුය. සංස්ථාපිත පළාත් මට්ටමෙන් තරඟ පවත්වන ක්‍රීඩාවක් (කේවල) නම් එම ක්‍රීඩක ක්‍රීඩිකාවන් අනුයාත වර්ෂයේ දී ඉල්ලුම්කර ඇති ඉහළ සඳහා සමස්ත ලංකා පාසල් ක්‍රීඩා ප්‍රථම, දෙවන, තෙවන හෝ පරිසාධන මට්ටම ඉක්මවා තිබිය යුතු අතර පළාත් අධ්‍යාපන දෙපාර්තමේන්තුවේ ක්‍රීඩා විෂයභාර නිලධාරීවරයාගේ නිර්දේශ සමඟ ඉල්ලුම් කළ යුතුය. එසේ වුවද තරඟාවලියට ඇතුළත් කර ගැනීමේ තීරණය අභියාචනා කමිටුව සතුවේ.

1.2.5.

නිවාසාන්තර ක්‍රීඩා තරගවලින් පසුව පාසල් ශිෂ්‍ය, ශිෂ්‍යාවන්හට අදාළ වර්ෂය තුළ ඉදිරිපත් විය හැකි ක්‍රීඩා තරග පහත පරිදි වේ.

ක්‍රීඩා තරග	කොට්ඨාස මට්ටම	කලාප මට්ටම	පළාත් මට්ටම	ජාතික මට්ටම
01. මලල ක්‍රීඩා (බාලක / බාලිකා)	√	√	√	√
02. වොලිබෝල් (බාලක / බාලිකා)	√	√	√	√
03. නෙට්බෝල් (බාලිකා)	√	√	√	√
04. පාපන්දු (බාලක / බාලිකා)	√	√	√	√
05. එල්ලේ (බාලක / බාලිකා)	√	√	√	√
06. සැහැල්ලු පන්දු ක්‍රීකට (බාලක / බාලිකා)	√	√	√	√
07. වෙස් (බාලක / බාලිකා)	0	0	√	√
08. කරාතේ (බාලක / බාලිකා)	0	0	√	√
09. බැඩ්මින්ටන් (බාලක / බාලිකා)	0	0	√	√
10. මේස පන්දු (බාලක / බාලිකා)	0	0	√	√
11. පිහිකුම (බාලක / බාලිකා)	0	0	√	√
12. හෝට්බෝල් (බාලක / බාලිකා)	0	0	√	√
13. කැරම් (බාලක / බාලිකා)	0	0	√	√
14. ජිම්නාස්ටික් (බාලක / බාලිකා)	0	0	√	√
15. ඇරොබික් ජිම්නාස්ටික් (බාලක / බාලිකා)	0	0	√	√
16. රගර් සන් සාමාජික (බාලක)	0	0	√	√
17. කබඩ් (බාලක / බාලිකා)	0	0	√	√
18. ටයිකොන්ටෝ (බාලක / බාලිකා)	0	0	√	√
19. වුෂු (බාලක / බාලිකා)	0	0	√	√
20. පැසිපන්දු (බාලක / බාලිකා)	0	0	√	√
21. හොකි (බාලක / බාලිකා)	0	0	√	√
22. ශාරීරික අභ්‍යාස (බාලක / බාලිකා)	0	0	√	√
23. ලෙදර් පන්දු ක්‍රීකට (බාලක)	0	0	√	√
24. අර්ධ මැරතන් (බාලක / බාලිකා)	0	0	√	√
25. හැන්ඩ් බෝල් (බාලක / බාලිකා)	0	0	√	√
26. වෙරළ වොලිබෝල් (බාලක / බාලිකා)	0	0	0	√
27. මල්ලවපොර (බාලක)	0	0	0	√
28. බොක්සිං (බාලක)	0	0	0	√
29. ජුඩෝ (බාලක / බාලිකා)	0	0	0	√
30. ටෙනිස් (බාලක / බාලිකා)	0	0	0	√
31. බර එසවීම (බාලක / බාලිකා)	0	0	0	√
32. පාපැදි (බාලක / බාලිකා)	0	0	0	√

සැ.යු. - √ තරග පැවැත්වේ.

0 - තරග නොපැවැත්වේ.

සැ.යු. ඉහත සටහනෙන් දක්වා ඇති සෑම ක්‍රීඩාවක්ම මෙම වක්‍රලේඛය නිකුත් වී වර්ෂ දෙකක් ඇතුළත අවම එක් පළාතකට පාසල් පහක්වත් (05ක්) වනසේ පළාත් නවයම ආවරණය වන පරිදි පාසල් 50 ක් හෝ ඊට වඩා වැඩි පාසල් සංඛ්‍යාවක ව්‍යාප්ත වී පැවතිය යුතුය. එසේ ව්‍යාප්තව නොමැති ක්‍රීඩා සමස්ත ලංකා මට්ටමින් තරග නොපවත්වා ව්‍යාප්ත වී ඇති පළාත්වල පමණක් පළාත් මට්ටමෙන් තරග පැවැත්වීමට කටයුතු කරනු ලැබේ.

ජාතික මට්ටම සඳහා නව ක්‍රීඩාවක් හුදුහුකම් ලැබීමට අවම වශයෙන් එක් පළාතකට පාසල් 05 ක්වත් වනසේ පළාත් පහක නියෝජනයක් තිබිය යුතුය. ජාතික මට්ටමට ඇතුළත් වී වසර දෙකක් ඇතුළත සියලුම පළාත්වල නව ක්‍රීඩාව ව්‍යාප්තව පැවතිය යුතුය.

1.3 තරග විස්තර

1.3.1. මලල ක්‍රීඩා

1.3.1.1. මලල ක්‍රීඩා වයස් සීමා හා තරග ඉසව්

- 12 න් පහළ බාලක / බාලිකා - (අවුරුදු 10 ට වැඩි අවුරුදු 12 ට අඩු)
- 14 න් පහළ බාලක / බාලිකා - (අවුරුදු 12 ට වැඩි අවුරුදු 14 ට අඩු)
- 16 න් පහළ බාලක / බාලිකා - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- 18 න් පහළ බාලක / බාලිකා - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- 20 න් පහළ බාලක / බාලිකා - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.1.2. විදුහල්පතිගේ අභිමතය පරිදි නිවාසාන්තර ක්‍රීඩා තරග සඳහා පමණක් වෙනත් වයස් කාණ්ඩ යටතේ ද තරග පැවැත්විය හැකිය.

1.3.1.3. අවුරුදු 12 න් පහළ බාලක/බාලිකා වයස් මට්ටම් සඳහා පළාත් පරිසාධන මට්ටම ඉක්ම වූ සියලු ක්‍රීඩක / ක්‍රීඩිකාවන් ජාතික මට්ටම සඳහා ඉදිරිපත් කළ හැකි ය.

1.3.1.4. වයස අවුරුදු 12 න් පහළ තරග සඳහා පළමු, දෙවන හා තෙවන ආදී වශයෙන් ක්‍රීඩක ක්‍රීඩිකාවන්ට ජයග්‍රහණ ලබා නොදෙන අතර ජාතික පරිසාධන මට්ටම ඉක්ම වූ ක්‍රීඩක ක්‍රීඩිකාවන්ට කුසලතා සහතික පත්‍ර ලබා දීම සිදුකෙරේ. පරිසාධන මට්ටම ඉක්මවන සෑම අවස්ථාවකදී ම එම සාසලට ලකුණු 01 ක් බැගින් හිමිවේ.

1.3.1.5.

12 න් පහළ බාලක / බාලිකා - (අවුරුදු 10 ට වැඩි - අවුරුදු 12 ට අඩු)

බාලක	බාලිකා
මීටර් 60	මීටර් 60
මීටර් 100	මීටර් 100
උස පැනීම	උස පැනීම
දුර පැනීම	දුර පැනීම
මීටර් 50 X 4	මීටර් 50 X 4

1.3.1.6.

14 න් පහළ බාලක / බාලිකා - (අවුරුදු 12 ට වැඩි - අවුරුදු 14 ට අඩු)

බාලක	බාලිකා
මීටර් 80	මීටර් 80
මීටර් 100	මීටර් 100
මීටර් 80 කඩුලු (මි. 0.762)	මීටර් 80 කඩුලු (මි. 0.762)
උස පැනීම	උස පැනීම
දුර පැනීම	දුර පැනීම
යතුලිය දැමීම (කි.ග්‍රෑම් 3)	යතුලිය දැමීම (කි .ග්‍රෑම් 3)
මීටර් 100 X 4	මීටර් 100 X 4

1.3.1.7.

16 න් පහළ බාලක / බාලිකා - (අවුරුදු 14 ට වැඩි - අවුරුදු 16 ට අඩු)

බාලක	බාලිකා
මීටර 100	මීටර 100
මීටර 200	මීටර 200
මීටර 400	මීටර 400
මීටර 800	මීටර 800
මීටර 100 කඩුලු (මී. 0.838)	මීටර 100 කඩුලු (මී.0.762)
මීටර 300 කඩුලු 07 (මී.0.762)	මීටර 300 කඩුලු 07 (මී.0.762)
මීටර 100 X 4	මීටර 100 X 4
මීටර 400 X 4	මීටර 400 X 4
උස පැනීම	උස පැනීම
දුර පැනීම	දුර පැනීම
යගුලිය දැමීම (කි.ග්‍රෑම් 4)	යගුලිය දැමීම (කි.ග්‍රෑම් 3)
කව පෙත්ත විසිකිරීම (කි.ග්‍රෑම් 1)	කව පෙත්ත විසිකිරීම (කි.ග්‍රෑම් 1)
හෙල්ල විසිකිරීම (ග්‍රෑම් 600)	හෙල්ල විසිකිරීම (ග්‍රෑම් 500)

1.3.1.8

18 න් පහළ බාලක / බාලිකා - (අවුරුදු 16 ට වැඩි - අවුරුදු 18 ට අඩු)

බාලක	බාලිකා
මීටර 100	මීටර 100
මීටර 200	මීටර 200
මීටර 400	මීටර 400
මීටර 800	මීටර 800
මීටර 1,500	මීටර 1,500
මීටර 110 කඩුලු (මී.0.914)	මීටර 100 කඩුලු (මී. 0.762)
මීටර 400 කඩුලු (මී. 0.838)	මීටර 400 කඩුලු (මී. 0.762)
මීටර 100 X 4	මීටර 100 X 4
මීටර 400 X 4	මීටර 400 X 4
උස පැනීම	උස පැනීම
දුර පැනීම	දුර පැනීම
තුන් පිම්ම	තුන් පිම්ම
රිට් පැනීම	රිට් පැනීම
යගුලිය දැමීම (කි.ග්‍රෑම් 5)	යගුලිය දැමීම (කි.ග්‍රෑම් 3)
කව පෙත්ත විසිකිරීම (කි.ග්‍රෑම් 1.5)	කව පෙත්ත විසිකිරීම (කි.ග්‍රෑම් 1)
හෙල්ල විසිකිරීම (ග්‍රෑම් 700)	හෙල්ල විසි කිරීම (ග්‍රෑම් 500)

1.3.1.9

20 න් පහළ බාලක / බාලිකා - (අවුරුදු 18 ට වැඩි - අවුරුදු 20 ට අඩු)

බාලක	බාලිකා
මීටර 100	මීටර 100
මීටර 200	මීටර 200
මීටර 400	මීටර 400
මීටර 800	මීටර 800
මීටර 1,500	මීටර 1,500
මීටර 5,000	මීටර 5,000
මීටර 110 කඩුලු (මි. 0.990)	මීටර 100 කඩුලු (මි. 0.838)
මීටර 400 කඩුලු (මි. 0.914)	මීටර 400 කඩුලු (මි. 0.762)
මීටර 100 X 4	මීටර 100 X 4
මීටර 400 X 4	මීටර 400 X 4
උස පැනීම	උස පැනීම
දුර පැනීම	දුර පැනීම
තුන් පිම්ම	තුන් පිම්ම
පිටි පැනීම	පිටි පැනීම
යතුලිය දැමීම (කි.ග්‍රෑම් 6)	යතුලිය දැමීම (කි.ග්‍රෑම් 4)
කඩ පෙත්ත විසිකිරීම (කි.ග්‍රෑම් 1.75)	කඩ පෙත්ත විසිකිරීම (කි.ග්‍රෑම් 1)
හෙල්ල විසිකිරීම (ග්‍රෑම් 800)	හෙල්ල විසිකිරීම (ග්‍රෑම් 600)

1.3.1.10

කඩුලු දිවීමේ තරග සඳහා මිනුම්

ඉසව්ව	ආරම්භක රේඛාවේ සිට පළමු කඩුල්ලට දුර	කඩුලු අතර දුර	අවසාන කඩුල්ලේ සිට අවසාන රේඛාවට දුර	කඩුලු ගණන
මීටර 80 කඩුලු	මීටර 12.00	මීටර 8.00	මීටර 12.00	08
මීටර 100 කඩුලු	මීටර 13.00	මීටර 8.50	මීටර 10.50	10
මීටර 110 කඩුලු	මීටර 13.72	මීටර 9.14	මීටර 14.02	10
මීටර 300 කඩුලු	මීටර 50.00	මීටර 35.00	මීටර 40.00	07
මීටර 400 කඩුලු	මීටර 45.00	මීටර 35.00	මීටර 40.00	10

1.3.1.11 සමස්ත ලංකා පාසල් මලල ක්‍රීඩා තරගාවලියේ සමස්ත ලංකා මට්ටම සඳහා වයස අවුරුදු 14,16,18, 20 න් පහළ වයස් සීමා සඳහා එක් තනි තරග ඉසව්වකට ක්‍රීඩක ක්‍රීඩිකාවන් හතර (4) දෙනෙක් ද, සහය තරග ඉසව්වකට කණ්ඩායම් තුනක් ද පළාත් මට්ටමින් ඉදිරිපත් කළ හැකි ය. කොට්ඨාස, කලාප සහ පළාත් මට්ටමේ තරග පැවැත්වීමේ දී ඒ සඳහා ඉදිරිපත් විය යුතු සංඛ්‍යාව අදාළ පළාත විසින් තීරණය කළ හැකිය.

1.3.1.12 වයස අවුරුදු 18 න් පහළ සහ 20 න් පහළ වර්ණ පරිසාධන මට්ටම් ද, වයස අවුරුදු 12 න් පහළ පරිසාධන මට්ටම් ද සෑම වර්ෂයකම ජනවාරි මස 31 වැනි දිනට පුරම පළාත් විෂයභාර නි.අ.අ./ස.අ.අ. වෙත දැනුම් දෙනු ලැබේ.

1.3.2. වොලිබෝල් (බාලක / බාලිකා)

1.3.2.1. වයස් සීමා

- අවුරුදු 16 න් පහළ (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.2.2 තරග වට ගණන තීරණය කිරීම සංවිධායකයින් සතු ය.

1.3.2.3 සියලුම ක්‍රීඩකයින් තමන්ට හිමි අංක 1-18 දක්වා උඩුකය වැස්මේ පැහැදිලිව පෙනෙන සේ පැළඳ සිටිය යුතු ය. අංක නොපළඳින ක්‍රීඩකයින්ට තරග සඳහා සහභාගි වීමට ඉඩදෙනු නොලැබේ.

1.3.2.4. දැල් උස ප්‍රමාණය

- අවුරුදු 16 න් පහළ බාලක - මී.2.32 බාලිකා - මී.2.12
- අවුරුදු 18 න් පහළ බාලක - මී.2.43 බාලිකා - මී.2.24
- අවුරුදු 20 න් පහළ බාලක - මී.2.43 බාලිකා - මී.2.24

1.3.2.5 ක්‍රීඩකයින් දොළොස් දෙනෙකු (12) ලේඛනගත කර තරග වදින කණ්ඩායම් ඒ අයගෙන් තෝරාගත යුතුය.

1.3.2.6 පළාත් මට්ටමේ තරගවල දී පුරම, දෙවන හා තෙවන ස්ථාන දිනා ගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකි ය.

1.3.2.7 සාත්‍යාන්තර වොලිබෝල් තරග නීති අනුව තරග පවත්වනු ලැබේ.

1.3.3. නෙට්බෝල් (බාලිකා)

1.3.3.1. වයස් සීමා

- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.3.2 තරග කාල සීමා

- අවුරුදු 16 න් පහළ - විනාඩි 10 - 3 - 10
- අවුරුදු 18 න් පහළ - විනාඩි 15 - 5 - 15
- අවුරුදු 20 න් පහළ - විනාඩි 20 - 5 - 20

1.3.3.3 සියලුම ක්‍රීඩිකාවන් ස්ථාන නාම උඩුකයෙහි ඉදිරිපස හා පසුපස පැහැදිලිව පෙනෙන සේ පැළඳ සිටිය යුතු ය.

1.3.3.4 ක්‍රීඩිකාවන් 12 ක් ලේඛනගත කළ යුතු අතර එක් වරකට තරග කළ හැක්කේ උපරිම 07 දෙනෙකුට පමණි. අවමය 05 දෙනෙකු විය යුතු ය.

1.3.3.5 පළාත් මට්ටමේ තරගවල දී පුරම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකිය.

1.3.3.6 සාත්‍යාන්තර නෙට්බෝල් තරග නීතිවලට අනුව තරග පවත්වනු ලැබේ.

1.3.4. පාපන්දු (බාලක / බාලිකා)

1.3.4.1. වයස් සීමා

බාලක

- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

බාලිකා

- අවුරුදු 20 න් පහළ - (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු)
- අවුරුදු 17 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු)

1.3.4.2. කණ්ඩායමකට ලියාපදිංචි කළ හැකි උපරිම ක්‍රීඩක/ක්‍රීඩිකාවන් සංඛ්‍යාව 18 දෙනෙකි. තරග වැදීම සඳහා එයින් 11 දෙනෙකු තෝරාගත හැකිය.

1.3.4.3. ක්‍රීඩක/ක්‍රීඩිකාවන් පිටියට පිවිසෙන විට තමන් හඳුනා ගැනීම සඳහා අංක පැළඳ සිටිය යුතු ය. එම අංක 1 සිට 18 දක්වා විය යුතු අතර තරග අංක නොපැළඳ සිටින ක්‍රීඩක/ක්‍රීඩිකාවන්ට ක්‍රීඩා කිරීමට අවසර දෙනු නොලැබේ.

1.3.4.4. තරග කාලය

- විනාඩි 25 – 05 – 25 (බාලක)
- විනාඩි 20 – 05 – 20 (බාලිකා)

1.3.4.5. පළාත් මට්ටමේ තරගවල දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකි ය.

1.3.4.6. ජාත්‍යන්තර පාපන්දු තරග නීති අනුව තරග පැවැත්වේ.

1.3.5. එල්ලේ (බාලක / බාලිකා)

1.3.5.1. වයස් සීමා

- අවුරුදු 20 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.5.2. ක්‍රීඩක ක්‍රීඩිකාවන් 20 දෙනෙකු ලේඛනගත කර තරග වදින කණ්ඩායම ඒ අයගෙන් තෝරා ගත යුතු ය. කණ්ඩායමකට තරග කළ හැකි අවම ක්‍රීඩක ක්‍රීඩිකාවන් සංඛ්‍යාව 12 දෙනෙකු වන අතර උපරිම සංඛ්‍යාව 16 කි.

1.3.5.3. තරඟවලියේ අවසාන තරගය හැර හෙසු සියලුම තරග සඳහා කණ්ඩායමකට හිමිවනුයේ එක් ඉනිමකි.

1.3.5.4. කණ්ඩායමකට එක් ඉනිමක් සඳහා හිමි වන පන්දු වාර ගණන 40 කි. පන්දු වාර ගණන අවසාන වීමට පෙර කණ්ඩායමේ සියලුම ක්‍රීඩකයින් / ක්‍රීඩිකාවන් දැවී ගියහොත් ඔවුන්ගේ ඉනිම අවසාන වේ.

1.3.5.5. ප්‍රභාෂක පිලේ ක්‍රීඩකයකු / ක්‍රීඩිකාවක විසින්ම පන්දු යැවීම සිදු කළ යුතු ය.

1.3.5.6. පළාත් මට්ටමේ තරගවල දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකිය.

1.3.5.7. ශ්‍රී ලංකා එල්ලේ සම්මේලනය විසින් පාසල් සඳහා සම්මත කර ඇති නීති අනුව තරග පැවැත්වේ.

1.3.6. සැහැල්ලු පන්දු ක්‍රීඩාව (බාලක / බාලිකා)

1.3.6.1. වයස් සීමා

- අවුරුදු 20 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.6.2. සීමිත ඕවර තරගයක් ලෙස පැවැත්වේ. එක් කණ්ඩායමකට පන්දු ඕවර 10 ක් හිමි වේ.

1.3.6.3. කණ්ඩායමකට ක්‍රීඩක ක්‍රීඩිකාවන් 15 ක් ඇතුළත් කළ යුතු අතර ක්‍රීඩා කළ හැක්කේ 11 දෙනෙකුට පමණි. අවම වශයෙන් තරගකරුවන් 09 දෙනෙකු තරගයට ඉදිරිපත් විය යුතු ය.

1.3.6.4. එක් අයකුට ගැවිය හැකි උපරිම පන්දු ඕවර ගණන දෙකකි.

1.3.6.5. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකි ය.

1.3.6.6 ශ්‍රී ලංකා සැහැල්ලු පන්දු ක්‍රීඩාව ජාතික සංගමය සහ පාසල් සංගමයේ නීතිවලට අනුකූලව තරග පැවැත්වේ.

1.3.7. වෙස් (බාලක / බාලිකා)

1.3.7.1. වයස් සීමා

- අවුරුදු 17 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.7.2. කණ්ඩායමක් ක්‍රීඩකයින්/ක්‍රීඩිකාවන් 07 දෙනෙකුගෙන් සමන්විත විය යුතු ය. 06 දෙනෙකු තරග වදින අතර ඉතිරි ක්‍රීඩකයා/ක්‍රීඩිකාව අතිරේක වශයෙන් සලකනු ලැබේ.

1.3.7.3. තරග වට හයකින් (06) සමන්විත ය.

1.3.7.4. කවර හේතුවක් නිසා හෝ ඉදිරිපත් කරන කණ්ඩායම්වල ක්‍රීඩක/ක්‍රීඩිකාවන්ගේ අනුපිළිවෙල වෙනස් කිරීමට ඉඩ දෙනු නොලැබේ.

1.3.7.5. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන ක්‍රීඩක/ක්‍රීඩිකාවන් සහ කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකි ය.

1.3.7.6. ජාත්‍යන්තර වෙස් තරග නීති (පීඩේ) අනුව තරග පවත්වනු ලැබේ.

1.3.8. කරුණේ (බාලක / බාලිකා)

1.3.8.1 වයස් සීමා තුනටම අදාළව කාතා සහ කුමිණේ තනි තරග පැවැත්වේ.

1.3.8.2 කාතා තරග

1.3.8.2.1 කාතා තනි තරග බාලක/බාලිකා

- අවුරුදු 16 න් පහළ බාලක/බාලිකා තරග - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ බාලක/බාලිකා තරග - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ බාලක/බාලිකා තරග - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.8.2.2 කණ්ඩායම් කාතා සඳහා එක් පාසලකින් බාලක බාලිකා ලෙස වෙන වෙනම කණ්ඩායම් දෙකක් පමණක් ඉදිරිපත් කළ හැකි ය.

1.3.8.3 කුමිණේ තරග

1.3.8.3.1 කුමිණේ තනි තරග

- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
කුමිණේ (බාලිකා) - 45kg , +45kg
කුමිණේ (බාලක) - 47kg, -57kg, +57kg

- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
කුමිනේ (බාලිකා) - 48kg, +48kg
කුමිනේ (බාලක) - 50kg, -61kg, +61kg
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)
කුමිනේ බාලිකා - 50kg, +50kg
කුමිනේ බාලක - 52kg, -67kg, +67kg

1.3.8.3.2 කුමිනේ කණ්ඩායම් තරග

කණ්ඩායම් කුමිනේ තරග සඳහා එක් පාසලකින් බාලක බාලිකා ලෙස වෙන වෙනම කණ්ඩායම් දෙකක් පමණක් ඉදිරිපත් කළ හැකිය.

1.3.8.3.2.1 එක් කණ්ඩායමක් ක්‍රීඩක/ක්‍රීඩිකාවන් තුන්දෙනෙකුගෙන් සමන්විත විය යුතු අතර එම තිදෙනා එක් වශයේ සීමාවකින් එක් අයකු බැගින් තෝරා ගත යුතුය.

- 1.3.8.4. කණ්ඩායම් කාතා සඳහා අවුරුදු 14 ට වැඩි හා අවුරුදු 20 ට අඩු වයස් සීමාවේ ඕනෑම තිදෙනෙකුට සහභාගී විය හැකිය. තරග ජයග්‍රහණය ලබන අවසාන කණ්ඩායම් දෙක බුන්කායි (Bunkai) ක්‍රමය ප්‍රදර්ශනය කළ යුතු ය.
- 1.3.8.5. කුමිනේ තරගයක් සඳහා සහභාගීවන සෑම ක්‍රීඩක, ක්‍රීඩිකාවක්ම ශාරීරික යෝග්‍යතාව පිළිබඳව වෛද්‍ය වාර්තාවක් ඉදිරිපත් කළ යුතුය. එය විදුහල්පති විසින් පෞද්ගලිකව පරීක්ෂා කර සනාථ කළ යුතුය. මීට අමතරව දෙමාපිය කැමැත්ත පළ කළ ලිපියක් ද ඉදිරිපත් කළ යුතු ය.
- 1.3.8.6. පළාත් මට්ටමේ දී කේවල තරගවලින් ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන තිදෙනා ද, කණ්ඩායම් තරගවලින් ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් තුන ද ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකිය.

1.3.9. බැඩ්මින්ටන් (බාලක / බාලිකා)

1.3.9.1. කේවල තරගවලිය

1.3.9.1.1 වයස් සීමාව

- අවුරුදු 20 න් පහළ (අවුරුදු 16 ට වැඩි - අවුරුදු 20 ට අඩු)

- 1.3.9.2. එක් තරගයක් තරග වට 2/3 කට සීමා වේ.
- 1.3.9.3. එක් පළාතකින් උපරිම සහභාගී කළ හැකි ක්‍රීඩක/ක්‍රීඩිකාවන් සංඛ්‍යාව 4 දෙනෙකි.
- 1.3.9.4. එක් පාසලකින් ක්‍රීඩක/ක්‍රීඩිකාවන් 3 දෙනෙක් ඉදිරිපත් කළ හැකිය. (බාලක/බාලිකා වෙන වෙනම අයදුම්පත් ඉදිරිපත් කළ යුතුය.)

1.3.9.5. කණ්ඩායම් තරග

1.3.9.5.1 වයස් සීමා

- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

- 1.3.9.6. මූලික තරග වට, කේවල තරග දෙකකින් හා යුගල තරගයකින් සමන්විත ය. කේවල තරග සඳහා ඉදිරිපත් වන්නන්ට යුගල තරග සඳහා ඉදිරිපත් විය නොහැකිය.
- 1.3.9.7. අර්ධ අවසන් පූර්ව, අවසන් පූර්ව සහ අවසන් තරග පමණක් කේවල තරග තුනකින් සහ යුගල තරග දෙකකින් සමන්විත වන අතර, කේවල තරග සඳහා සහභාගී වන ක්‍රීඩක /ක්‍රීඩිකාවන්ට යුගල තරග සඳහා ද සහභාගී විය නොහැකිය.
- 1.3.9.8. කණ්ඩායම්කව උපරිම දසදෙනෙකු (10) හා අවම හයදෙනෙකු (06) ලේඛනගත කර තරගකරුවන් ඔවුන් අතරින් තෝරා ගත යුතු ය.
- 1.3.9.9. සියලුම තරග සඳහා පිහාටු පන්දු (Feather Shuttles) භාවිතා කළ යුතුය.

1.3.9.10. කණ්ඩායම් දෙකක් අතර තරගයක දී තරග වදින අනුපිළිවෙල

II. කේවල

III. යුගල

IV. කේවල

V. යුගල

VI. කේවල

සැ.යු. තරඟකරුවන් 6ක් පමණක් ඇතුළත් කර ඇති විටෙක එක් නිතරග ජයක් ප්‍රතිවාදී පිලට ලබාදිය යුතුය. එම තරග ජය “5 වන තරගය” එනම් කේවල තරගය විය යුතුය.

1.3.9.11. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන ක්‍රීඩක / ක්‍රීඩිකාවන් සහ කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකි ය.

1.3.9.12. ජාත්‍යන්තර බැඩ්මින්ටන් තරග නීති අනුව තරග පැවැත්වේ.

1.3.10. මේස පන්දු (බාලක / බාලිකා)

1.3.10.1. කේවල තරගාවලිය

1.3.10.1.1 වයස් සීමාව

- අවුරුදු 20 න් පහළ (අවුරුදු 16 ට වැඩි- අවුරුදු 20 ට අඩු)

1.3.10.2. එක් තරගයක් තරග වට පහකට සීමා වේ.

1.3.10.3. එක් පළාතකින් උපරිම සහභාගි කළ හැකි ක්‍රීඩක/ක්‍රීඩිකාවන් සංඛ්‍යාව 4 දෙනෙකි.

1.3.10.4. එක් පාසලකින් ක්‍රීඩක/ක්‍රීඩිකාවන් 3 දෙනෙක් ඉදිරිපත් කළ හැකිය.

1.3.10.5. කණ්ඩායම් තරග

1.3.10.5.1 වයස් සීමා

- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.10.6. තරගාවලිය තරග වට පහකින් සමන්විත වන අතර එය කේවල තරග 05 කින් සමන්විත වේ. එනම් A - X, B - Y, C - Z, A - Y, B - X ආදී වශයෙනි.

1.3.10.7. කණ්ඩායමකට ක්‍රීඩක/ක්‍රීඩිකාවන් 06 දෙනෙකු ලේඛනගත කර තරඟකරුවන් ඔවුන් අතරින් තෝරාගත යුතු ය. කණ්ඩායමක් සඳහා අවම ක්‍රීඩක / ක්‍රීඩිකාවන් සංඛ්‍යාව 03 කි.

1.3.10.8. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකි ය.

1.3.10.9. ජාත්‍යන්තර මේස පන්දු තරග නීති අනුව තරග පැවැත්වේ.

1.3.10.10. මි.මි.40 + ප්ලාස්ටික් (Plastic) සුදු පැහැති බෝලවලින් තරග පැවැත්වේ.

1.3.11. පිහිනුම් (බාලක / බාලිකා)

1.3.11.1 වයස් සීමා

- අවුරුදු 12 න් පහළ - (අවුරුදු 10 ට වැඩි අවුරුදු 12 ට අඩු) - බාලක / බාලිකා
- අවුරුදු 14 න් පහළ - (අවුරුදු 12 ට වැඩි අවුරුදු 14 ට අඩු) - බාලක / බාලිකා
- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු) - බාලක / බාලිකා
- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු) - බාලක / බාලිකා
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු) - බාලක / බාලිකා

1.3.11.2 පැවැත්වෙන තරග

ඉසව්ව	අවුරුදු 12 න් පහළ බාලක / බාලිකා	අවුරුදු 14 න් පහළ බාලක/ බාලිකා	අවුරුදු 16 න් පහළ බාලක/ බාලිකා	අවුරුදු 18 න් පහළ බාලක/ බාලිකා	අවුරුදු 20 න් පහළ බාලක	අවුරුදු 20 න් පහළ බාලිකා
නිදහස් ආර	මි.50/100	මි.50/100	මි.50/100/ 200	මි.50/100/ 200/400	මි.50/100/200 400/1500	මි.50/100/200/ 400/800
පසුපස ආර	මි.50/100	මි.50/100	මි.50 /100	මි.50/100/200	මි.50/100/200	මි.50/100/200
සමනල ආර	මි.50	මි.50/100	මි.50 /100	මි.50/100/200	මි.50/100/200	මි.50/100/200
ලය ආර	මි.50	මි.50/100	මි.50 /100	මි.50/100/200	මි.50/100/200	මි.50/100/200
කේවල මිශ්‍ර ආර	-	මි.200	මි.200	මි.200	මි.200	මි.200
නිදහස් ආර සහය	මි.50 x 4	මි.50 x 4	මි.50 x 4	මි.50 x 4	මි.50 x 4	මි.50 x 4
මිශ්‍ර ආර සහය	මි.50 x 4	මි.50 x 4	මි.50 x 4	මි.50 x 4	මි.50 x 4	මි.50 x 4

- 1.3.11.3. එක් ක්‍රීඩකයකුට / ක්‍රීඩිකාවකට ඉදිරිපත් විය හැක්කේ සහය තරග හැර ඉසව් තුන (3) ක් සඳහා පමණි.
- 1.3.11.4. එක් ඉසව්වක් සඳහා පාසලකින් ඉදිරිපත් කළ හැක්කේ තරගකරුවන් / තරගකාරියන් තුන් දෙනෙක් පමණි.
- 1.3.11.5. සහාය තරග සඳහා එක් පාසලකින් එක් සහාය කණ්ඩායමක් පමණක් ඉදිරිපත් කළ හැකිය.
- 1.3.11.6. වයස අවුරුදු 12 න් පහළ බාලක/බාලිකා වයස් මට්ටම සඳහා පළාත් පරිසාධන මට්ටම ඉක්ම වූ සියලු ක්‍රීඩක/ක්‍රීඩිකාවන් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකිය.
- 1.3.11.7 වයස අවුරුදු 12 න් පහළ තරග සඳහා පළමු, දෙවන හා තෙවන ආදී වශයෙන් ක්‍රීඩක ක්‍රීඩිකාවන්ට ජයග්‍රහණ ලබා නොදෙන අතර ජාතික පරිසාධන මට්ටම ඉක්ම වූ ක්‍රීඩක ක්‍රීඩිකාවන්ට කුසලතා සහතික පත්‍ර ලබාදීම සිදු කෙරේ. පරිසාධන මට්ටම ඉක්මවන සෑම අවස්ථාවකදී ම එම පාසලට ලකුණු 01 ක් බැගින් හිමිවේ.

1.3.12. ත්‍රෝබෝල් (බාලක/බාලිකා)

1.3.12.1. වයස් සීමාව

- අවුරුදු 17න් පහළ (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු)
- අවුරුදු 20න් පහළ (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.12.2. කණ්ඩායමකට ඇතුළත් කළ හැක්කේ ක්‍රීඩක/ක්‍රීඩිකාවන් 12 දෙනෙකු පමණි. එක් වරකට ක්‍රීඩා කළ හැක්කේ ක්‍රීඩක/ක්‍රීඩිකාවන් 07 දෙනෙකුට පමණි.

1.3.12.3 දැලේ උස මී. 2.20.

1.3.12.4 පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකිය.

1.3.12.5 ජාතික ත්‍රෝබෝල් සංගමය සහ පාසල් ත්‍රෝබෝල් සංගමයේ නීතිවලට අනුකූලව තරඟ පැවැත්වේ.

1.3.13. කැරම් (බාලක/බාලිකා)

1.3.13.1. වයස් සීමාව

- අවුරුදු 17 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.13.2. එක් කණ්ඩායමකට ඇතුළත් විය හැකි අවම සංඛ්‍යාව 4 කි. උපරිම සංඛ්‍යාව 7 කි.

1.3.13.3. පාසල් දෙකක් අතර පැවැත්වෙන තරඟයක් තනි තරඟ දෙකකින් සහ යුගල තරඟ එකකින් යුක්ත වේ. තනි තරඟ දෙක පාසල් දෙක අතර බෙදී ගියහොත් පමණක් යුගල තරඟය ක්‍රීඩාකරනු ලැබේ.

එවැනි අවස්ථාවක දී තනි තරඟ ක්‍රීඩා කළ ක්‍රීඩකයින්ට යුගල තරඟය ක්‍රීඩා කළ නොහැකිය.

1.3.13.4. සෑම තරඟයක්ම විනාඩි 30 ට සීමා වන අතර බෝඩ් 08 ක් ක්‍රීඩා කරනු ලබයි. එම විනාඩි 30 ක්‍රීඩා කර වැඩිම ලකුණු ලබාගත් ක්‍රීඩකයා හෝ විනාඩි 30 ට පෙර බෝඩ් 08 ක්‍රීඩා කර වැඩිම ලකුණු ලබාගත් ක්‍රීඩකයාට තරඟයේ ජයග්‍රහණය හිමි වේ.

1.3.13.5. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකිය.

1.3.14. පිම්නාස්ටික් (බාලක/බාලිකා)

1.3.14.1 වයස් සීමාව

- අවුරුදු 14 න් පහළ - (අවුරුදු 12 ට වැඩි අවුරුදු 14 ට අඩු) - බාලක / බාලිකා
- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු) - බාලක / බාලිකා
- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු) - බාලක / බාලිකා
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු) - බාලක / බාලිකා

1.3.14.2. පැවැත්වෙන තරඟ

වයස් සීමාව	තරඟ ඉසව්	
	බාලක	බාලිකා
අවුරුදු 14 න්, 16 න් සහ අවුරුදු 18 න් පහළ	භූමි ව්‍යායාම පිනුම් ඉසව්ව (vault) නිශ්චල වළලු හරස් දණ්ඩ සමාන්තර පෝල ආධාරක අශ්වයා	භූමි ව්‍යායාම අකමසම් පෝල සම්බර දණ්ඩ පිනුම් ඉසව්ව (vault)

- 1.3.14.3. එක් ක්‍රීඩකයකුට/ ක්‍රීඩිකාවකට ඉහළ සියල්ලටම ඉදිරිපත් විය හැකිය.
- 1.3.14.4. එක් ඉසව්වක් සඳහා පාසලකින් ඉදිරිපත් කළ හැක්කේ තරගකරුවන් තරගකාරියන් දෙදෙනෙකු පමණි.
- 1.3.14.5. ජාත්‍යන්තර ජීම්නාස්ටික් තරග නීති අනුව තරග පවත්වනු ලැබේ.
- 1.3.14.6. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන ක්‍රීඩක/ක්‍රීඩිකාවන් ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකිය.

1.3.15. ඇරොබික් ජීම්නාස්ටික් (බාලක/බාලිකා)

1.3.15.1. වයස් සීමාව

වයස් සීමාව	තරග කළ හැකි කාලය
අවුරුදු 16 න් පහළ (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු) බාලක/බාලිකා	විනාඩි 1 තත්.15(තත්-5/තත්+5)
අවුරුදු 18 න් පහළ (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු) බාලක/බාලිකා	විනාඩි 1 තත්.15(තත්-5/තත්+5)
අවුරුදු 20 න් පහළ (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු) බාලක/බාලිකා	විනාඩි 1 තත්.20 (තත්-5/තත්+5)

1.3.15.2. පැවැත්වෙන තරග

බාලක /බාලිකා

- 1. කේවල
- 2. ත්‍රිත්ව
- 3. කණ්ඩායම්

- 1.3.15.3. එක් ක්‍රීඩකයකුට/ක්‍රීඩිකාවකට ඉහත 1.3.15.2 හි සඳහන් ඉහළ තුනෙන් කැමති ඉසව් ප්‍රමාණයකට ඉදිරිපත් විය හැකිය.
- 1.3.15.4. එක් ඉසව්වක් සඳහා පාසලකින් ඉදිරිපත් කළ හැකි තරගකරුවන් / තරගකාරියන් සංඛ්‍යාව
 - කේවල තරග - දෙදෙනෙක්
 - ත්‍රිත්ව තරග - කණ්ඩායම් 1
 - කණ්ඩායම් තරග - කණ්ඩායම් 1
- 1.3.15.5. කණ්ඩායම් තරග සඳහා ක්‍රීඩකයින් 6 දෙනෙකු ඉදිරිපත් කළ හැකි අතර, තරග වැදිය හැක්කේ ක්‍රීඩකයින් පස්දෙනෙකුට පමණි. ඉතිරි ක්‍රීඩකයා අතිරේක ක්‍රීඩකයා වශයෙන් නම් කළ හැකිය.
- 1.3.15.6. පළාත් මට්ටමේ ප්‍රථම, දෙවන හා තෙවන ස්ථාන හිමිකර ගන්නා ක්‍රීඩක, ක්‍රීඩිකාවන් සහ පාසල් කණ්ඩායම් සමස්ත ලංකා මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකිය
- 1.3.15.7. ජාත්‍යන්තර ඇරොබික් ජීම්නාස්ටික් තරග නීති අනුව තරග පවත්වනු ලැබේ.

1.3.16. රග්බි සත් සාමාජික (7) (බාලක)

1.3.16.1. වයස් සීමාව

• අවුරුදු 20 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 20 ට අඩු)

- 1.3.16.2. කණ්ඩායමකට ඇතුළත් කළ හැක්කේ දොළොස් (12) දෙනෙකු පමණි.
- 1.3.16.3. සත් සාමාජික රග්බි තරගයක් ලෙස පැවැත්වේ.
- 1.3.16.4. තරග කාලය වී.7-01-07
- 1.3.16.5. පළාත් මට්ටමේ පළමු, දෙවන, තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ හැකිය.
- 1.3.16.6. ශ්‍රී ලංකා පාසල් රග්බි සංගමයේ හා ජාත්‍යන්තර රග්බි තරග නීති අනුව තරග පැවැත්වේ.

1.3.17. කබඩි (බාලක / බාලිකා)

1.3.17.1. වයස් සීමා

- අවුරුදු 17 න් පහළ - බාලක (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු) - 60 kg
- අවුරුදු 17 න් පහළ - බාලිකා (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු) - 55 kg
- අවුරුදු 20 න් පහළ - බාලක (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු) - 70 kg
- අවුරුදු 20 න් පහළ - බාලිකා (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු) - 65 kg

1.3.17.2. කණ්ඩායමකට ඇතුළත් කළ හැක්කේ 12 දෙනෙකු පමණි.

1.3.17.3. තෙවන ආක්‍රමණික වාරය, හුපර්ටැකල්, තත්පර 30 නීතිය වලංගු වේ.

1.3.17.4. තරග කාලය

- අවුරුදු 17 න් පහළ - බාලක - විනාඩි 15, 5, 15
- අවුරුදු 17 න් පහළ - බාලිකා - විනාඩි 15, 5, 15
- අවුරුදු 20 න් පහළ - බාලක - විනාඩි 20, 5, 20
- අවුරුදු 20 න් පහළ - බාලිකා - විනාඩි 15, 5, 15

සැ.යු. - ඉහත වයස් සීමාවන්ට අදාළ තරග කාලයන් තරඟවලියේ ස්වභාවය අනුව වෙනස් විය හැකිය.

1.3.17.5. තරග පැවැත්වෙන දිනට පෙර දින ප.ව. 2.00 සිට රාත්‍රී 8.00 දක්වා පමණක් බර කිරිනු ලැබේ.

1.3.17.6. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකිය.

1.3.17.7. ජාත්‍යන්තර කබඩි සංගමයේ තරග නීති අනුව තරග පැවැත්වේ.

1.3.18. ටයිකොන්ටෝ (බාලක/බාලිකා)

1.3.18.1. වයස් සීමාව

- අවුරුදු 18 න් පහළ (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.18.2. බර පන්ති

වයස් සීමාව	බර පන්ති
අවුරුදු 18 න් පහළ බාලක	කි.ග්‍රෑම්.45 ට අඩු කි.ග්‍රෑම්. 45 - 48 කි.ග්‍රෑම්. 48-51 කි.ග්‍රෑම්. 51-55 කි.ග්‍රෑම්. 55-59 කි.ග්‍රෑම්. 59-63 කි.ග්‍රෑම්. 63-68 කි.ග්‍රෑම්. 68-73 කි.ග්‍රෑම්. 73-78 කි.ග්‍රෑම්.78 ට වැඩි
අවුරුදු 18 න් පහළ බාලිකා	කි.ග්‍රෑම්. 42 ට අඩු කි.ග්‍රෑම්. 42 - 44 කි.ග්‍රෑම්. 44 - 46 කි.ග්‍රෑම්. 46 - 49 කි.ග්‍රෑම්. 49 - 52 කි.ග්‍රෑම්. 52 - 55 කි.ග්‍රෑම්. 55 -59 කි.ග්‍රෑම්. 59 -63 කි.ග්‍රෑම්. 63 -68 කි.ග්‍රෑම්.68 ට වැඩි

වයස් සීමාව	බර පන්ති
අවුරුදු 20 න් පහළ බාලක	කි.ග්‍රෑම්. 54 ට අඩු කි.ග්‍රෑම්. 54 -58 කි.ග්‍රෑම්. 58-63 කි.ග්‍රෑම්. 63-68 කි.ග්‍රෑම්. 68-74 කි.ග්‍රෑම්.74-80 කි.ග්‍රෑම්. 80-87 කි.ග්‍රෑම්. 87 ට වැඩි
අවුරුදු 20න් පහළ බාලිකා	කි.ග්‍රෑම්. 46 ට අඩු කි.ග්‍රෑම්. 46 - 49 කි.ග්‍රෑම්. 49 - 53 කි.ග්‍රෑම්. 53 - 57 කි.ග්‍රෑම්. 57 - 62 කි.ග්‍රෑම්. 62 - 67 කි.ග්‍රෑම්. 67 - 73 කි.ග්‍රෑම්. 73 ට වැඩි

- 1.3.18.3. එක් බර පංතියක් සඳහා එක් පාසලකින් ක්‍රීඩක/ක්‍රීඩිකාවන් දෙදෙනෙකු පමණක් සහභාගී කළ යුතුය.
- 1.3.18.4. පළාත් මට්ටමින් ඉහත වයස් සීමා දෙක හා බර පන්ති යටතේ තරඟ පවත්වා එක් බර පන්තියකින් දෙදෙනා බැගින් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ යුතුය.
- 1.3.18.5. සෑම ක්‍රීඩක/ක්‍රීඩිකාවකගේම භාරික යෝග්‍යතාවය පිළිබඳ වෛද්‍ය වාර්තාව විද්‍යාත්මකව විසින් පෞද්ගලිකව පරීක්ෂා කළ බවට ලිපියක් සහ දෙමාපිය කැමැත්ත පළ කළ ලිපියක් ද බර පරීක්ෂා කරන අවස්ථාවේ ඉදිරිපත් කළ යුතු වේ.
- 1.3.18.6. ජාත්‍යන්තර වසිකොන්ඩෝ සම්මේලනයේ නීති අනුව තරඟ පවත්වනු ලැබේ.

1.3.19. වූඝ්‍ර (බාලක / බාලිකා)

1.3.19.1 වයස් සීමාව

- අවුරුදු 16 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.19.2 වයස් සීමා තුනටම අදාළව තාම්ලු (Taolu) තරඟ පැවැත්වේ.

තාම්ලු (Taolu) අංශයේ සියලුම තරඟ ප්‍රධාන තරඟ ඉසව් තුනක් යටතේ පැවැත්වේ. ඒවා පහත පරිදි වේ.

- 1.3.19.3 වැන්ඩුවාන් සම්බන්ධිත ඉසව්ව (වැන්ඩුවාන්, ජාම්ෂු, ගුන්ෂු/ වැන්ඩුවාන්, ජියැන්ෂු, චියැන්ෂු) Changquan Combine Event (Changquan, Daoshu, Gunshu/ Changquan, Jianshu, Giangshu)
- 1.3.19.4 නැන්ඩුවාන් සම්බන්ධිත ඉසව්ව (නැන්ඩුවාන්, නන්දාම්, නන්ගුන්) Nangquan Combine Event (Nangquan, Nandao, Nangun)
- 1.3.19.5 තායිජිවුවාන් සම්බන්ධිත ඉසව්ව (තායිජිවුවාන්, තායිජිජියැන්) Taijiquan Combine Event (Taijiquan, Taijijian)
- 1.3.19.6 වැන්ඩුවාන් සම්බන්ධිත ඉසව් හා නැන්ඩුවාන් සම්බන්ධිත ඉසව් සඳහා තරඟ කාලය මිනිත්තු 1 තත්පර 20 කි. තායිජිවුවාන් සම්බන්ධිත ඉසව් සඳහා තරඟ කාලය මිනිත්තු 3-5 දක්වා වේ.

1.3.19.7 සන්දා (sanda) තරග වයස අවුරුදු 16 න් පහළ හා වයස අවුරුදු 18 න් පහළ සඳහා පමණක් පැවැත්වේ.

අවුරුදු 16 න් පහළ	45Kg - 48 Kg 48Kg - 52 Kg 52Kg - 56Kg 56Kg - 60Kg
අවුරුදු 18 න් පහළ	48Kg - 52 Kg 52Kg - 56Kg 56Kg - 60Kg 60Kg - 65Kg

- 1.3.19.8 තරග කාලය මිනිත්තු 1 ½ බැගින් වූ වට තුනකි.
- 1.3.19.9 සෑම තරගයක් සඳහාම ඉදිරිපත්වන ක්‍රීඩක ක්‍රීඩිකාවන් භාරිතික යෝග්‍යතාව පිළිබඳ වෛද්‍ය වාර්තාව විදුහල්පති විසින් පෞද්ගලිකව පරීක්ෂා කළ බවට ලිපියක් හා දෙමාපිය කැමැත්ත පල කළ ලිපියක් ඉදිරිපත් කළ යුතුය.
- 1.3.19.10 පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන ක්‍රීඩක ක්‍රීඩිකාවන් ජාතික මට්ටමට ඉදිරිපත් කළ හැකිය.
- 1.3.19.11 ජාත්‍යන්තර වූ ක්‍රීඩක තරග නීතිරීති අනුව තරග පවත්වනු ලැබේ.
- 1.3.19.12 එක් වයස් සීමාවක් සඳහා ක්‍රීඩකයින් / ක්‍රීඩිකාවන් තිදෙනෙකු ඉදිරිපත් කළ හැකිය.
- 1.3.19.13 එක් ක්‍රීඩකයකු/ක්‍රීඩිකාවක උපරිම වශයෙන් තරග ඉසව් තුනකට පමණක් ඉදිරිපත් විය හැකිය. (කණ්ඩායම් තරගය හැර)
- 1.3.19.14 කණ්ඩායම් තරගය (කාමල) Group event (බාලක/බාලිකා) වයස අවුරුදු 14 ට වැඩි වයස අවුරුදු 20 ට අඩු ක්‍රීඩක ක්‍රීඩිකාවන් 06 සිට 12 තෙක් සහභාගී විය හැකිය.

1.3.20 පැසි පන්දු (බාලක / බාලිකා)

- 1.3.20.1. වයස් සීමා
 - අවුරුදු 17 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 17ට අඩු)
 - අවුරුදු 20 න් පහළ - (අවුරුදු 17 ට වැඩි අවුරුදු 20ට අඩු)
- 1.3.20.2. කණ්ඩායමකට ක්‍රීඩකයින් / ක්‍රීඩිකාවන් 15 දෙනෙකු ලේඛන ගත කළ හැකිය.
- 1.3.20.3. තරග කාලය
 - බාලක/ බාලිකා - විනාඩි 20-05-20
- 1.3.20.4. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරග සඳහා ඉදිරිපත් කළ යුතුය.
- 1.3.20.5. ජාත්‍යන්තර ආධුනික පැසිපන්දු සංගමයේ නීති අනුව තරග පැවැත්වේ.

1.3.21. හොකී (බාලක/බාලිකා)

- 1.3.21.1. වයස් සීමා
 - අවුරුදු 20 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 20 ට අඩු)
- 1.3.21.2. කණ්ඩායමකට ක්‍රීඩකයින් / ක්‍රීඩිකාවන් 18 දෙනෙකු ලේඛන ගත කර එයින් 11 දෙනෙකු තරග කිරීම සඳහා තෝරාගත යුතුය.
- 1.3.21.3. තරග කාලය
 - විනාඩි 25-5-25
- 1.3.21.4. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමට ඉදිරිපත් කළ යුතුය.
- 1.3.21.5. ජාත්‍යන්තර හොකී තරග නීති අනුව තරග පැවැත්වේ.

1.3.22. ශාරීරික අභ්‍යාස (බාලක/බාලිකා)

1.3.22.1. වයස් සීමාව

- අවුරුදු 14 ට වැඩි අවුරුදු 20 ට අඩු

1.3.22.2. කණ්ඩායමක ළමුන් සංඛ්‍යාව නායකයා සමඟ 25 දෙනෙකු විය යුතු අතර, ළමුන් 30 ක් ලේඛනගත කළ හැකිය. තරඟ වදින කණ්ඩායම එයින් තෝරාගත යුතු ය.

1.3.22.3. කාලය විනාඩි 20 කි.

1.3.22.4. පාඩම් සටහන අනිවාර්ය වන අතර තරඟයට පෙර එය විනිශ්චය මණ්ඩලයට ඉදිරිපත් කළ යුතුය.

1.3.22.6. පාඩම් සටහනේ සැලැස්ම සහ යොදා ගන්නා කාලය (දළ වශයෙන්) පහත සඳහන් පරිදි විය යුතුය.

1.3.22.7. ලකුණු ලබා දීමේ පිළිවෙල

ක්‍රියාකාරකම	කාලය (විනාඩි)	ලකුණු
• පිටියට පිවිසීම හා ආරම්භක ක්‍රියාකාරකම	03	04
• ශාරීරික යෝග්‍යතා ව්‍යායාම	03	15
• දක්ෂතා පුහුණුව	03	20
• කණ්ඩායම් පුහුණුව	04	20
• ක්‍රීඩාව	03	18
• කල් බැලීම හා ගමනේ යාම	03	15
• විසිර යාම	01	03
• නායකත්වය	-	05
එකතුව	20	100

1.3.22.8. ලකුණුදීමේ දී පහත සඳහන් විශේෂ කරුණු සැලකිල්ලට ගනු ලැබේ.

- පාඩම් සැලසුම - විවිධත්වය, පන්ති රටා
- ක්‍රීඩා පිටිය හා උපකරණ ප්‍රයෝජනයට ගැනීම
- පාඩම් සටහනේ අරමුණු සහ අභිමතාර්ථ ඉෂ්ඨ කරගැනීම.
- තෝරාගත් ක්‍රියාකාරකම්වල යෝග්‍යතාවය, නිවැරදිතාව සහ සහභාගීත්වය
- තෝරාගත් දක්ෂතාවයට හුදුසු ඇඳුම (පාසල් නිල ඇඳුම හැර)
- ආරක්ෂාව හා විනය පවත්වා ගැනීම
- නායකත්වය
- කණ්ඩායමට සහභාගි වන සියලුම ක්‍රීඩක / ක්‍රීඩිකාවන් පිටියේ පිටිය යුතුය.
- කල් බැලීම හා ගමනේ යාම පාසල් ආචාර පෙළපාලිය සේ විය යුතු ය.
- ක්‍රීඩාවක දක්ෂතා තෝරා ගැනීමේ දී දක්ෂතා 1 සිට 3ක උපරිමයකට යටත්ව පාඩම් සැලසුම් කිරීම.

1.3.23. ලෙදර් පන්දු ක්‍රිකට් (බාලක)

- 1.3.23.1. වයස් සීමාව
 - අවුරුදු 20 න් පහළ (අවුරුදු 16 ට වැඩි අවුරුදු 20 ට අඩු)
- 1.3.23.2. සීමිත ඕවර තරගයක් ලෙස පැවැත්වේ. එක් කණ්ඩායමකට පන්දු ඕවර 05ක් හිමි වේ.
- 1.3.23.3. කණ්ඩායමකට ක්‍රීඩක ක්‍රීඩිකාවන් 15 ක් ඇතුළත් කළ යුතු අතර ක්‍රීඩා කළ හැක්කේ 11 දෙනෙකුට පමණි. අවම වශයෙන් තරගකරුවන් 09 දෙනෙකු තරගයට ඉදිරිපත් විය යුතුය.
- 1.3.23.4. එක් අයකුට යැවිය හැකි උපරිම පන්දු ඕවර ගණන එකකි.
- 1.3.23.5. පළාත් මට්ටමේ දී ප්‍රථම, දෙවන හා තෙවන ස්ථාන දිනාගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ හැකි ය.
- 1.3.23.6. ජාත්‍යන්තර ක්‍රිකට් තරඟ නීතිවලට අනුව තරඟ පැවැත්වේ.

1.3.24. අර්ධ මැරතන් ධාවන තරඟ (බාලක / බාලිකා)

- 1.3.24.1. වයස් සීමා
 - අවුරුදු 16 ට වැඩි අවුරුදු 20 ට අඩු විය යුතුය.
- 1.3.24.2. දුර ප්‍රමාණය - කි.මී.21.0975 කි.
- 1.3.24.3. ජාතික මට්ටමේ තරඟ සඳහා පළාතකින් තරගකරුවන්/තරගකාරියන් පනස්දෙනෙකු පමණක් ඉදිරිපත් කළ හැකිය.
- 1.3.24.4. සියලුම ක්‍රීඩක/ක්‍රීඩිකාවන් ආරීරික යෝග්‍යතා සහතිකයක් ලබා ගත යුතු ය.
- 1.3.24.5. සෑම ක්‍රීඩක/ක්‍රීඩිකාවක්ම ආරීරික යෝග්‍යතාවය පිළිබඳ රජයේ ලියාපදිංචි වෛද්‍යවරයකුගෙන් ලබා ගත් වෛද්‍ය වාර්තාව සහ හෘද විද්‍යුත් කන්තුක රේඛන වාර්තාව (ECG) හා විදුහල්පති විසින් අනු අත්සන් කළ ලද දෙමව්පිය කැමැත්ත ප්‍රකාශිත ලිපිය, තරඟ ආක ලබා ගැනීමේ දී ඉදිරිපත් කළ යුතු වේ.
- 1.3.24.6. ඉහත වයස් සීමාව, වෛද්‍ය පරීක්ෂණය හා පුහුණුවීම් යන කරුණුවලට අදාළ ලිඛිත කරුණු විදුහල් ගොනු කර ක්‍රීඩා භාර ගුරු භවතාගේ අධීක්ෂණය යටතේ විදුහල්පති විසින් වෙනම ලිපියක් සහ දෙමව්පියන්ගේ කැමැත්ත ප්‍රකාශිත ලිපිය ඉදිරිපත් කළ යුතුය.
- 1.3.24.7. විදුහල්පති විසින් දෙනු ලබන මෙම ලිපිය නොමැති කිසිම ක්‍රීඩක/ක්‍රීඩිකාවකට තරගයට සහභාගී වීමට අවස්ථා ලබා දෙනු නොලැබේ.

1.3.25. හැන්ඩ්බෝල් (බාලක/බාලිකා)

- 1.3.25.1. වයස් සීමා
 - අවුරුදු 17 න් පහළ (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු)
 - අවුරුදු 20 න් පහළ (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු)
- 1.3.25.2. කණ්ඩායමක ක්‍රීඩක ක්‍රීඩිකාවන් 14 ක් ලේඛනගත කළ හැකි ය.
- 1.3.25.3. ක්‍රීඩා පෙනෙහි ක්‍රීඩා කරන සංඛ්‍යාව 07 කි.
- 1.3.25.4. තරඟ කාලය
 - අවුරුදු 17 න් පහළ (බාලක/බාලිකා)
විනාඩි 15-03-15
 - අවුරුදු 20 න් පහළ (බාලක/බාලිකා)
විනාඩි 20-05-20
- 1.3.25.5. පන්දුවේ ප්‍රමාණය
 - අවුරුදු 20 න් පහළ බාලක - size 03
 - අවුරුදු 20 න් පහළ බාලිකා - size 02
 - අවුරුදු 17 න් පහළ බාලක - size 02
 - අවුරුදු 17 න් පහළ බාලිකා - size 02

- 1.3.25.6. පළාත් මට්ටමින් පළමු , දෙවන හා තෙවන ස්ථාන දිනා ගනු ලබන කණ්ඩායම් ජාතික මට්ටමේ තරඟ සඳහා ඉදිරිපත් කළ යුතුය.
- 1.3.25.7. ජාත්‍යන්තර හැන්ඩ්බෝල් තරඟ නීති අනුව තරඟ පැවැත්වේ.

1.3.26. වෙරළ වොලිබෝල් (බාලක/බාලිකා)

- 1.3.26.1. වයස් සීමා
 - අවුරුදු 20 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 20 ට අඩු)
- 1.3.26.2. කණ්ඩායමකට ඇතුළත් කළ හැක්කේ ක්‍රීඩක/ක්‍රීඩිකාවන් දෙදෙනෙකු පමණි. අතිරේක ක්‍රීඩක/ක්‍රීඩිකාවන් නොමැත.
- 1.3.26.3. ඇල් උස බාලක - මී.2.43
බාලිකා - මී.2.24
- 1.3.26.4. තරඟ වට තුනක් පැවැත්වෙන අතර පළමු වට දෙක ලකුණු 21 න් අවසන් වේ. අවසාන වටය ලකුණු 15 න් අවසන් වේ.
- 1.3.26.5. ජාත්‍යන්තර වෙරළ වොලිබෝල් නීති අනුව තරඟ පැවැත්වේ.

1.3.27. මල්ලවපොර (බාලක)

- 1.3.27.1. තරඟ බර පන්ති 20 කි. එක් බර පන්තියකට එක් ක්‍රීඩකයකු බැගින් බර පන්ති 12 ක් සඳහා ක්‍රීඩකයින්ගේ නම් ඉල්ලුම්පත්‍රයේ ඇතුළත් කළ හැකිය. එක් බර පන්තියකට එක් ක්‍රීඩකයකු බැගින් එක් පාසලකින් තරඟ කළ හැකි උපරිම ක්‍රීඩක සංඛ්‍යාව 12 කි.
- 1.3.27.2. ශ්‍රී ලංකා පාසල් මල්ලවපොර සංගමයේ හෝ ශ්‍රී ලංකා මල්ලවපොර සංගමයේ ශ්‍රේණිගත ක්‍රීඩක / ක්‍රීඩිකාවක් විය යුතුය.
- 1.3.27.3. බර කිරීමෙන් හා වෛද්‍ය පරීක්ෂණයෙන් පසුව සංවිධායක මණ්ඩලය විසින් සපයනු ලබන අවසන් අයදුම්පතෙහි පහත අංක 1.3.27.6 ට අනුකූලව තම පාසල ඉදිරිපත් කරන බර පන්ති 12 කණ්ඩායම් භාර ගුරුවරයා විසින් නම් කොට ආපසු සංවිධායක මණ්ඩලයට භාර දිය යුතුය.
- 1.3.27.4. බර කිරීම හා වෛද්‍ය පරීක්ෂණය සඳහා පැමිණෙන විට පිළිගත් බටහිර වෛද්‍යවරයකුගෙන් (බර කිරුම් දිනට පෙරාතුව දින 07 ක් ඇතුළත) ලබාගත් ක්‍රීඩකයින්ගේ ආර්ථික යෝග්‍යතාව පිළිබඳ සහතිකයක් රැගෙන ආ යුතුය. ඉල්ලුම්පතෙහි සඳහන් ක්‍රීඩකයින්ගේ නම් එම වෛද්‍ය සහතිකයේ තිබිය යුතුය.
- 1.3.27.5 ජාත්‍යන්තර මල්ලව පොර නීති රීති අනුව තරඟ පැවැත්වේ.

1.3.27.6 බර පංති හා වයස් සීමා

වයස අවුරුදු	බර පංති (කි.ග්‍රෑම්)
16 න් පහළ බාලක (අවුරුදු 14 ට වැඩි 16 ට අඩු)	කි.ග්‍රෑම් 30-34 කි.ග්‍රෑම් 34-38 කි.ග්‍රෑම් 38-41 කි.ග්‍රෑම් 41-44 කි.ග්‍රෑම් 44-48 කි.ග්‍රෑම් 48-52

වයස අවුරුදු	බර පංති (කි.ග්‍රෑම්)
18 න් පහළ බාලක (අවුරුදු 16 ට වැඩි 18 ට අඩු)	කි.ග්‍රෑම් 41-45
	කි.ග්‍රෑම් 45-48
	කි.ග්‍රෑම් 48-51
	කි.ග්‍රෑම් 51-55
	කි.ග්‍රෑම් 55-60
	කි.ග්‍රෑම් 60-65
	කි.ග්‍රෑම් 65-71
20 න් පහළ බාලක (අවුරුදු 18 ට වැඩි 20 ට අඩු)	කි.ග්‍රෑම් 50-54
	කි.ග්‍රෑම් 54-57
	කි.ග්‍රෑම් 57-61
	කි.ග්‍රෑම් 61-65
	කි.ග්‍රෑම් 65-70
	කි.ග්‍රෑම් 70-74
	කි.ග්‍රෑම් 74-79 කි.ග්‍රෑම් 79-86

1.3.28. බොක්සිං (බාලක/බාලිකා)

1.3.28.1. වයස් සීමා

- අවුරුදු 20 න් පහළ (බාලක) - (අවුරුදු 18 ට වැඩි අවුරුදු 20 ට අඩු)
- අවුරුදු 18 න් පහළ (බාලක) - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)
- අවුරුදු 16 න් පහළ (බාලක) - (අවුරුදු 14 ට වැඩි අවුරුදු 16 ට අඩු)
- අවුරුදු 18 න් පහළ (බාලිකා) - (අවුරුදු 16 ට වැඩි අවුරුදු 18 ට අඩු)

1.3.28.2. ජාත්‍යන්තර හා ශ්‍රී ලංකා පාසල් බොක්සිං සංගමය මගින් පනවා ඇති නීති රීති මෙම තරගය සඳහා අදාළ වේ.

1.3.28.3. මෙම තරගයට නවකයින් ඉදිරිපත් කළ නොහැකිය. තරගකරුවන් අවම වශයෙන් ශ්‍රී ලංකා පාසල් බොක්සිං සංගමය මගින් හෝ ශ්‍රී ලංකා බොක්සිං සංගමය මගින් හෝ පවත්වන ලද තරගයකට සහභාගී වී ප්‍රථම, දෙවන හා තෙවන ස්ථාන ලබා තිබිය යුතු ය.

1.3.28.4. බාලක බර පන්තීන් 21 සඳහා එක් පාසලකට උපරිම වශයෙන් ක්‍රීඩා කළ හැක්කේ ක්‍රීඩකයින් අටදෙනෙකුට පමණක් වන අතර බාලිකා බර පන්ති 05 සඳහා එක් පාසලකින් උපරිම ක්‍රීඩිකාවන් දෙදෙනෙකුට ක්‍රීඩා කළ හැකිය.

1.3.28.5. ඉල්ලුම්පත්‍ර එවන විට ක්‍රීඩකයින් මනා සෞඛ්‍යයෙන් යුතුව සිටිනා බවට, තරඟවලියට ආසන්න දිනයක දී වෛද්‍යවරයෙකුගෙන් ලබා ගත් AIBA වෛද්‍ය සහතිකයක් සහ වෛද්‍ය වාර්තා පොතේ වාර්ෂික වෛද්‍ය වාර්තාව ඉදිරිපත් කිරීම අනිවාර්ය වේ.

1.3.28.6. බර පංතීන් හා වයස් සීමා මෙසේ ය.

වයස් සීමාව	බර පංතිය
අවුරුදු 16 න් පහළ (බාලක)	කි.ග්‍රෑම්.44 – 46 කි.ග්‍රෑම්.46 – 48 කි.ග්‍රෑම්.48 – 50 කි.ග්‍රෑම්.50 – 52 කි.ග්‍රෑම්.52 – 54
අවුරුදු 18න් පහළ (බාලක)	කි.ග්‍රෑම් 46 – 49 කි.ග්‍රෑම් 49 – 52 කි.ග්‍රෑම් 52 – 56 කි.ග්‍රෑම් 56 – 60 කි.ග්‍රෑම් 60 – 64 කි.ග්‍රෑම් 64 – 69 කි.ග්‍රෑම් 69 – 75 කි.ග්‍රෑම් 75 – 81
අවුරුදු 18 න් පහළ (බාලිකා)	කි.ග්‍රෑම්.45 – 48 කි.ග්‍රෑම්.48 – 51 කි.ග්‍රෑම්.51 – 54 කි.ග්‍රෑම්.54 – 57 කි.ග්‍රෑම්.57 – 60
අවුරුදු 20 න් පහළ (බාලක)	කි.ග්‍රෑම් 46 – 49 කි.ග්‍රෑම් 49 – 52 කි.ග්‍රෑම් 52 – 56 කි.ග්‍රෑම් 56 – 60 කි.ග්‍රෑම් 60 – 64 කි.ග්‍රෑම් 64 – 69 කි.ග්‍රෑම් 69 – 75 කි.ග්‍රෑම් 75 – 81

1.3.29. පුඩෝ (බාලක/ බාලිකා)

1.3.29.1 වයස් සීමාව

- අවුරුදු 17 න් පහළ - (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.29.2 ශ්‍රී ලංකා පාහල් පුඩෝ සංගමයේ හෝ ශ්‍රී ලංකා පුඩෝ සංගමයේ ශ්‍රේණිගත ක්‍රීඩක/ ක්‍රීඩිකාවන් විය යුතුය.

1.3.29.3 සෑම ක්‍රීඩක/ක්‍රීඩිකාවක්ම තම කායික යෝග්‍යතාව සනාථ කිරීම සඳහා වසරක කාලයක් තුළ දී රජයේ පිළිගත් බටහිර වෛද්‍යවරයකුගෙන් ලබාගෙන ඇති වෛද්‍ය සහතිකයක් ඉදිරිපත් කළ යුතුය.

1.3.29.4 එක් බර පංතියක් සඳහා එක් පාසලකින් ක්‍රීඩක/ක්‍රීඩිකාවන් දෙදෙනෙකුට පමණක් සහභාගී විය හැකිය.

1.3.29.5 අදාළ බර පන්ති

වයස් සීමාව	බාලක	බාලිකා
අවුරුදු 17 න් පහළ	කි.ග්‍රෑම් 35	කි.ග්‍රෑම් 36
	කි.ග්‍රෑම් 40	කි.ග්‍රෑම් 40
	කි.ග්‍රෑම් 45	කි.ග්‍රෑම් 44
	කි.ග්‍රෑම් 50	කි.ග්‍රෑම් 48
	කි.ග්‍රෑම් 55	කි.ග්‍රෑම් 52
	කි.ග්‍රෑම් 55ට වැඩි	කි.ග්‍රෑම් 52ට වැඩි
අවුරුදු 20 න් පහළ	කි.ග්‍රෑම් 45	කි.ග්‍රෑම් 44
	කි.ග්‍රෑම් 50	කි.ග්‍රෑම් 48
	කි.ග්‍රෑම් 55	කි.ග්‍රෑම් 52
	කි.ග්‍රෑම් 60	කි.ග්‍රෑම් 57
	කි.ග්‍රෑම් 66	කි.ග්‍රෑම් 63
	කි.ග්‍රෑම් 73	කි.ග්‍රෑම් 70
	කි.ග්‍රෑම් 73 ට වැඩි	කි.ග්‍රෑම් 70 ට වැඩි
	විවෘත	විවෘත

1.3.29.6 තරම පැවැත්වෙන කාලය බාලක / බාලිකා විනාඩි 05යි.

1.3.29.7 කි.ග්‍රෑම් 35, 36 බාලක / බාලිකා බර පංති සඳහා චොක්ලොක් (CHOKELock) සහ ඇම්ලොක් (ARMLock) භාවිතා කිරීම තහනම් වේ.

1.3.30. ටෙනිස් (බාලක/බාලිකා)

1.3.30.1 වයස් සීමා

- අවුරුදු 17 න් පහළ- (අවුරුදු 14 ට වැඩි අවුරුදු 17 ට අඩු)
- අවුරුදු 20 න් පහළ- (අවුරුදු 17 ට වැඩි අවුරුදු 20 ට අඩු)

1.3.30.2 කේවල තරග දෙකක් සහ යුගල තරගයක් තරගාවලියට අයත් වේ.

1.3.30.3 කේවල තරග සඳහා ඉදිරිපත් වන්නන්ට යුගල තරග සඳහා ඉදිරිපත් විය නොහැකිය.

1.3.30.4 කාණ්ඩයමට 06 දෙනෙකු ලේඛන ගත කර තරගකරුවන් ඔවුන් අතරින් කෝරාගත යුතුය.

1.3.30.5 ජාත්‍යන්තර ටෙනිස් තරග නීති අනුව තරග පැවැත් වේ.

1.3.31. බර එසවීම (බාලක/බාලිකා)

1.3.31.1 වයස් සීමාව -

- අවුරුදු 17 න් පහළ - (අවුරුදු 14 ට වැඩි 17 ට අඩු)
- අවුරුදු 20 න් පහළ - (අවුරුදු 17 ට වැඩි 20 ට අඩු)

1.3.31.2 බර පන්ති

වයස් සීමාව	බර පන්ති
අවුරුදු 17 න් පහළ බාලක	කි.ග්‍රෑම්.49,55,61,67,73,81,89,96,102,102+
අවුරුදු 17 න් පහළ බාලිකා	කි.ග්‍රෑම්. 40,45,49,55,59,64,71,76,81,81+
අවුරුදු 20 න් පහළ බාලක	කි.ග්‍රෑම්.55,61,67,73,81,89,96,102,109,109+
අවුරුදු 20 න් පහළ බාලිකා	කි.ග්‍රෑම්. 45,49,55,59,64,71,76,81,87, 87+

1.3.31.3. එක් වයස් කාණ්ඩයක් සඳහා අයදුම්පත්‍රයට ක්‍රීඩකයින් දොළොස් දෙනෙකු (12) ඇතුළත් කළ හැකි අතර ක්‍රීඩා කළ හැක්කේ දස(10) දෙනෙකුට පමණි. ක්‍රීඩකයින් දෙදෙනෙකු අතිරේක ක්‍රීඩකයින් වේ. එක් බර පන්තියක් සඳහා උපරිම ක්‍රීඩකයින් දෙදෙනෙකු(02) ඇතුළත් කළ හැකිය.

1.3.31.4. ආරම්භක ප්‍රයත්නය

- බාලිකා අවම බර කිලෝ ග්‍රෑම් 21කි. (21Kg)
- බාලක අවම බර කිලෝ ග්‍රෑම් 26 කි. (26Kg)

1.3.31.5. ශරීර බර කිරීම

තරගය ආරම්භයට පැය දෙකකට(02) පෙර බර කිරීම ආරම්භ කළ යුතුය. පළමු පැය තුළ අදාළ බර පන්තියට අදාළව නිවැරදිව බර ලබා දිය යුතු අතර එසේ නොකරන ක්‍රීඩකයින් තරගයෙන් ඉවත් කෙරේ.

1.3.31.6. ක්‍රීඩක ඇඳුම

ක්‍රීඩකයින් බර ඉසිලීම් ක්‍රීඩාවට භාවිතා කරන ඇඳුම (Lifting Kit) භාවිතා කිරීම අනිවාර්ය වේ. කොලරය සහිත උඩුකය ඇඳුම සහ උඩුකය සහ යටිකය වෙන්වන සේ ඇඳුම ඇදීම අසාර්ථක ප්‍රයත්නයක් වේ.

බර ඉසිලීම් ක්‍රීඩාවට උචිත පාවහන් පැළඳීම අනිවාර්ය වේ.

- 1.3.31.7. අයදුම්පත්‍ර භාරදීම
අවසන් අයදුම්පත කරග දිනට පෙර දින ප.ව. 6.00 ට පෙර සංවිධායක මණ්ඩලයට ලබා දිය යුතුය. එසේ ලබා දීමට අපොහොසත් වන කණ්ඩායම්වල අයදුම්පත්‍රය මුල් අයදුම්පත්‍රය කරග අයදුම්පත්‍රය ලෙස සැලකේ.
- 1.3.31.8. සියලුම කරග ජාත්‍යන්තර බර ඉසිලීමේ නීති රීතිවලට අනුකූලව පැවැත්වේ.

1.3.32. පාපැදි කරග (බාලක/බාලිකා)

- 1.3.32.1. වයස් සීමාව -
 - අවුරුදු 20 න් පහළ - (අවුරුදු 16 ට වැඩි අවුරුදු 20 ට අඩු)
- 1.3.32.2. දුර ප්‍රමාණය
 - බාලක - කි.මී. 30
 - බාලිකා - කි.මී. 20
- 1.3.32.3. පාපැදියේ පිටුපස දැති රෝදය (ප්‍රී වීලය) දැති 18 කින් යුක්ත විය යුතුය. ඉදිරිපස ඇති රෝදයෙහි (කොස් වීලය) දැති 48 ක් වීම අනිවාර්ය වේ.
- 1.3.32.4. ජාතික මට්ටමේ කරග සඳහා පළාතකින් කරගකරුවන්/කරගකාරියන් මිනුම සංඛ්‍යාවකින් ඉදිරිපත් කළ හැකි ය.
- 1.3.32.5. ක්‍රීඩක /ක්‍රීඩිකාවන් අනිවාර්යයෙන්ම ආරක්ෂිත භිස්ට්‍රසුම් පැළදිය යුතුය.
- 1.3.32.6. සෑම ක්‍රීඩක/ක්‍රීඩිකාවක්ම භාරිත යෝග්‍යතාවය පිළිබඳ එම්.ඩී.බී.එස්. වෛද්‍යවරයකුගෙන් ලබා ගත් වෛද්‍ය වාර්තාව සහ විද්‍යුත් කන්තුක රේඛන වාර්තාව (ECG), විදුහල්පති විසින් අනු අත්සන් තබන ලද දෛමවපිය කැමැත්ත ප්‍රකාශිත ලිපිය, කරග අංක ලබා ගැනීමේ දී ඉදිරිපත් කළ යුතු වේ.

2. සමස්ත ලංකා පාසල් සභාය දිවීමේ තරඟාවලිය

2.1. වයස් සීමා

ජාතික මට්ටමින් පමණක් පැවැත්වෙන මෙම තරඟාවලි පහත සඳහන් වයස් සීමා යටතේ පැවැත්වේ.

- අවුරුදු 12 න් පහළ බාලක / බාලිකා
- අවුරුදු 14 න් පහළ බාලක / බාලිකා
- අවුරුදු 16 න් පහළ බාලක / බාලිකා
- අවුරුදු 18 න් පහළ බාලක / බාලිකා
- අවුරුදු 20 න් පහළ බාලික / බාලිකා

2.2 වයස අවුරුදු 12 න් පහළ කරග සඳහා පළමු, දෙවන හා තෙවන ආදී වශයෙන් ක්‍රීඩක ක්‍රීඩිකාවන්ට ජයග්‍රහණ ලබා නොදෙන අතර ජාතික පරිසාධන මට්ටම ඉක්ම වූ ක්‍රීඩක ක්‍රීඩිකාවන්ට කුසලතා සහතික පත්‍ර ලබා දීම සිදු කෙරේ. පරිසාධන මට්ටම ඉක්මවන සෑම අවස්ථාවකදීම එම පාසලට ලකුණු 01 බැගින් හිමි වේ.

2.3. කරග ඉසව්

2.3.1 අවුරුදු 12 න් පහළ බාලක / බාලිකා (අවුරුදු 10 ට වැඩි - අවුරුදු 12 ට අඩු)

බාලක	බාලිකා
මීටර 50 X 4	මීටර 50 X 4
මීටර 100 X 4	මීටර 100 X 4

2.3.2 අවුරුදු 14 න් පහළ බාලක / බාලිකා (අවුරුදු 12 ට වැඩි - අවුරුදු 14 ට අඩු)

බාලක	බාලිකා
මීටර 50 X 4	මීටර 50 X 4
මීටර 100 X 4	මීටර 100 X 4
මීටර 200 X 4	මීටර 200 X 4

2.3.3 අවුරුදු 16 න් පහළ බාලක / බාලිකා (අවුරුදු 14 ට වැඩි - අවුරුදු 16 ට අඩු)

බාලක	බාලිකා
මීටර 100 X 4	මීටර 100 X 4
මීටර 200 X 4	මීටර 200 X 4
මීටර 400 X 4	මීටර 400 X 4
මෙඩලි සහය - (මීටර 100,200,300,400)	මෙඩලි සහය - (මීටර 100,200,300,400)

2.3.4 අවුරුදු 18 න් පහළ බාලක / බාලිකා (අවුරුදු 16 ට වැඩි - අවුරුදු 18 ට අඩු)

බාලක	බාලිකා
මීටර 100 X 4	මීටර 100 X 4
මීටර 200 X 4	මීටර 200 X 4
මීටර 400 X 4	මීටර 400 X 4
මීටර 800 X 4	මීටර 800 X 4
මෙඩලි සහය - (මීටර 100,200,300,400)	මෙඩලි සහය - (මීටර 100,200,300,400)

2.3.5 අවුරුදු 20 න් පහළ බාලක / බාලිකා (අවුරුදු 18 ට වැඩි - අවුරුදු 20 ට අඩු)

බාලක	බාලිකා
මිටර් 100 X 4	මිටර් 100 X 4
මිටර් 200 X 4	මිටර් 200 X 4
මිටර් 400 X 4	මිටර් 400 X 4
මිටර් 800 X 4	මිටර් 800 X 4
මෙහිලි සභාය - (මිටර් 100,200,300,400)	මෙහිලි සභාය - (මිටර් 100,200,300,400)

- 2.4. එක් සභාය ඉසව්වක් සඳහා එක් පාසලකින් ඉදිරිපත් කළ හැක්කේ එක් කණ්ඩායමක් පමණි.
- 2.5. ඡේද අංක 2.3 තරඟ සඳහා පාසල්වලින් ඉදිරිපත් කෙරෙන සභාය දිව්මේ තරඟ අයදුම්පත් ඒ ඒ පළාත් විෂයභාර නි.අ.අ./ස.අ.අ. විසින් මැයි මස 30 වැනි දිනට පෙර අධ්‍යාපන අමාත්‍යාංශයේ ක්‍රීඩා හා ශාරීරික අධ්‍යාපන ශාඛාව වෙත එවිය යුතු ය.



මහාචාර්ය නේ. කපිල සී.නේ. පෙරේරා
ලේකම්
අධ්‍යාපන අමාත්‍යාංශය

- 1.1.4. சகல விளையாட்டு அணிகளுக்கும் பொறுப்பாசிரியர் ஒருவர் பாடசாலை அதிபரின் கடிதமொன்றினூடாக நியமனம் செய்யப்பட்டு அவர் கலந்துகொள்ளல் வேண்டும். மாணவிகள் கலந்துகொள்வார்கள் எனின் ஆசிரியை ஒருவரும் கட்டாயமாக கலந்துகொள்ள வேண்டும்.
- 1.1.5. போட்டிகளில் கலந்துகொள்ளும் சகல வீர வீராங்கனைகளும் பாடசாலை மாணவர்களுக்குப் பொருத்தமான ஆடைகளை அணிந்திருக்க வேண்டும் என்பதுடன் மாணவர்களுக்குரிய ஒழுக்க விழுமியங்களுடன் மைதானங்களில் மாத்திரமல்லாது அதற்கு வெளியேயும் நடந்துகொள்வது கட்டாயமாகும். போட்டி மனப்பாங்கு மற்றும் நியாயமான போட்டி போன்ற விளையாட்டுக்குரிய பண்புகளை பாதுகாத்து போட்டிகளில் கலந்துகொள்வது வீர வீராங்கனைகளது பொறுப்பாகும்.
- 1.1.6. சகல வீர வீராங்கனைகளதும் வயதினை உறுதிப்படுத்துவதற்காக உத்தியோகபூர்வ பிறப்புச் சான்றிதழின் மூலம் பிரதியை சமர்ப்பித்தல் வேண்டும். மாவட்ட பதிவாளரின் ஒப்பத்துடன் கூடிய பிரதியே உத்தியோகபூர்வ பிறப்புச் சான்றிதழாக ஏற்றுக்கொள்ளப்படும்.
- 1.1.7. போட்டிகளில் கலந்துகொள்ளும் சகல வீர வீராங்கனைகளும் தமது அடையாளத்தை உறுதிப்படுத்துவதற்காக ஆட்பதிவுத் திணைக்களத்தால் வழங்கப்பட்ட அடையாள அட்டை அல்லது செல்லுபடியாகும் கடவுச்சீட்டை சமர்ப்பித்தல் வேண்டும். 15 வயது நிறைவடையாத வீர வீராங்கனைகள் மாத்திரம் தபால் திணைக்களத்தினால் வழங்கப்பட்ட தபால் அடையாள அட்டையினை சமர்ப்பிக்கலாம்.
- 1.1.8. ஒரு மாணவர் ஒரு வருடத்தினுள், ஒரு போட்டியில், ஒரு பாடசாலையை பிரதிநிதித்துவப்படுத்தி மாத்திரமே கலந்துகொள்ள முடியும். ஆகையால் எவரேனும் ஒரு வீரர் கோட்டம் அல்லது வலயம் அல்லது மாவட்டம் அல்லது மாகாண மட்டத்தில் தான் பிரதிநிதித்துவப்படுத்திய பாடசாலையிலிருந்து விலகி புதிய பாடசாலையில் அனுமதி பெற்றிருப்பினும் அடுத்த கட்ட போட்டிகளில் தான் முதலில் பிரதிநிதித்துவப்படுத்திய பாடசாலையைப் பிரதிநிதித்துவப்படுத்தியே போட்டிகளில் கலந்துகொள்ளவேண்டும்.
- 1.1.9. மாணவர்கள் பிரிதொரு பாடசாலையில் அனுமதி பெற்றதன் பின்னர் அப் பாடசாலையில் அனுமதிக்கப்பட்ட திணத்திலிருந்து ஒரு வருட காலத்தினுள் புதிய பாடசாலையில் பெயரின் கீழ் போட்டிகளுக்கு தம்மை பதிவுசெய்துகொள்வார்களாயின் அவர் தற்போது கல்வி கற்கும் பாடசாலையை பிரதிநிதித்துவப்படுத்தி போட்டிகளில் பங்குபற்றுதல் தொடர்பில் தமக்கு எந்தவொரு ஆட்சேபனையும் இல்லை என்பதாக அம்மாணவர் இதற்கு முன்னர் கல்வி கற்ற சகல பாடசாலை அதிபர்களிடமிருந்தும் எழுத்துமூல கடிதங்களைப் பெற்று அக்கடிதங்களை கல்வி அமைச்சின் விளையாட்டு மற்றும் உடற் கல்விக் கிளையின் பணிப்பாளரிடம் சமர்ப்பித்து உரிய அனுமதியைப் பெற்றுக்கொள்ள வேண்டும். தரம் 6 மற்றும் தரம் 12 இல் முதல் தடவையாக அனுமதி பெறும் மாணவர்கள் பாடசாலையைப் பிரதிநிதித்துவப்படுத்துவதற்கும் விளையாட்டுப் பாடசாலைகளுக்கு புலமைப் பரிசில் பெற்று அனுமதி பெறும் மாணவர்கள் தமது விளையாட்டுப் பாடசாலையை பிரதிநிதித்துவப்படுத்துவதற்கும் மேலே 1.1.8 இல் குறிப்பிடப்பட்டுள்ள விதிமுறை செல்லுபடியாகாது.
- 1.1.10. போட்டிக்கு விண்ணப்பம் கோரப்படும் சந்தர்ப்பத்தில் மாணவரொருவர் தான் விண்ணப்பிக்கும் பாடசாலையில் அனுமதி பெற்றிருத்தல் வேண்டுமென்பதுடன் இதன் போது மேலே 1.1.9 இற்கமைய செயற்படல் வேண்டும்.
- 1.1.11. 13 வருட உத்தரவாதமளிக்கப்பட்ட கல்வி வேலைத்திட்டம் அமுல்படுத்தப்பட்டுள்ள பாடசாலைகளில் அதிபர்களால் உரிய மாணவர்கள் பாடசாலையில் முழுநேரம் கற்கின்றார்கள் என எழுத்து மூலம் உறுதிப்படுத்தப்படுதல் கட்டாயமாகும். (கல்வி அமைச்சினால் இதற்கான அதற்குரிய சுற்றுநிருபம் வெளியிடப்பட்டு உரிய முறையில் 13 வருட கல்வி வேலைத்திட்டம் அமுல்படுத்தப்படும் பாடசாலைகளுக்கு மட்டும் இது செல்லுபடியாகும்)

1.1.12. பலதரப்பட்ட விளையாட்டுக்களில் செல்லுபடியாகும் பொது சட்ட விதிமுறைகளுக்கு மேலதிகமாக கல்வி அமைச்சினால் விதிக்கப்படும் சட்ட விதிமுறைகளுக்கமைவாக போட்டிகள் நடாத்தப்படும்.

1.1.13. கல்வி அமைச்சினால் வெளியிடப்படும் வருடாந்த நாட்காட்டிக்கமைவாக விண்ணப்பித்தல் மற்றும் போட்டிகளை நடாத்துதல் வேண்டும்.

1.2 விளையாட்டுக்களின் வகைப்படுத்தல்

1.2.1. பாடசாலை மாணவர்களுக்காக ஏற்பாடு செய்யப்படும் விளையாட்டுப் போட்டிகள் கீழே குறிப்பிடப்பட்டுள்ளதன் படி வகைப்படுத்தப்பட்டுள்ளன.

1.2.1.1 அகில இலங்கை பாடசாலை விளையாட்டுச் சுற்றுப்போட்டி

1.2.1.2 பாடசாலை விளையாட்டுச் சங்கங்களால் ஏற்பாடு செய்யப்படும் விளையாட்டுப் போட்டிகள்

1.2.1.3 கல்வி அமைச்சின் அனுமதியுடன் தேசிய விளையாட்டுச் சங்கங்கள், மாவட்ட சங்கங்கள், விளையாட்டுக் கழகங்கள் மற்றும் வேறு அங்கீகரிக்கப்பட்ட அமைப்புகளால் ஏற்பாடு செய்யப்படும் விளையாட்டுப் போட்டிகள்

1.2.2. அகில இலங்கை பாடசாலை விளையாட்டு சுற்றுப்போட்டி

இச் சுற்றுப்போட்டி கீழேயுள்ள கட்டங்களைக் கொண்டது.

1.2.2.1 பாடசாலை மட்டம் (இல்ல விளையாட்டுப் போட்டி)

1.2.2.2 கோட்ட மட்டம் (போட்டிகளை நடாத்துவது தொடர்பாக மாகாணக் கல்வித் திணைக்களம் அல்லது வலயக் கல்வி அலுவலகம் தீர்மானிக்கலாம்.)

1.2.2.3 வலய மட்டம்

1.2.2.4 மாகாண மட்டம்

1.2.2.5 தேசிய மட்டம்

1.2.3. அகில இலங்கை பாடசாலை விளையாட்டுப் போட்டிகளில் அணி போட்டிகளுக்குரிய விண்ணப்பப்படிவங்கள் அணிக்குப் பொறுப்பான ஆசிரியர், அதிபர், வலயக் கல்விப் பணிப்பாளர், மாகாணக் கல்விப் பணிப்பாளர் ஆகியோரால் உறுதிப்படுத்தப்பட்டிருத்தல் வேண்டும். அகில இலங்கை மட்டப் போட்டிகளுக்கான விண்ணப்பப்படிவங்கள் ஏற்றுக்கொள்ளப்பட்டதன் பின்னர் விண்ணப்பப்படிவங்களில் எந்தவொரு திருத்தங்களும் மேற்கொள்ளப்பட அனுமதி வழங்கப்படமாட்டாது.

1.2.4. அகில இலங்கை பாடசாலை விளையாட்டுப் போட்டிகளில் வீர வீராங்கனைகளை கலந்துகொள்ளச் செய்வதற்காக மாகாணக் கல்வித் திணைக்களங்களுடாக மேன்முறையீடுகள் சமர்ப்பிக்கப்பட்டுள்ள சந்தர்ப்பங்களில் அது தொடர்பாக கருத்திள் கொள்ளப்படுவது அம்மாணவர் இதற்கு முந்தைய வருடத்தில் அகில இலங்கை மட்ட பாடசாலை விளையாட்டுப் போட்டிகளில் காட்டியுள்ள திறமைகளை அடிப்படையாகக் கொண்டேயாகும். அவ்வாறு கருத்தில் கொள்ளப்படும் வீர வீராங்கனைகள் உரிய மாகாணத்திற்குரிய விளையாட்டுப் போட்டிகள் நடைபெறும் காலத்தில் கல்வி அமைச்சின் முறையான அனுமதி பெற்று இலங்கையைப் பிரதிநிதித்துவப்படுத்தி வெளிநாட்டு சுற்றுப்போட்டிகளில் கலந்துகொண்டிருப்பின் அல்லது நோய்வாய்ப்பட்டிருந்தமையை உறுதிப்படுத்தி அரச விளையாட்டு வைத்தியப் பிரிவினால் வழங்கப்பட்ட வைத்தியச் சான்றிதழை சமர்ப்பித்திருப்பின் அவையும் கருத்தில் கொள்ளப்படும். அவ் வீரர் அல்லது வீராங்கனை கட்டாயமாக போட்டி நடைபெறும் வருடத்தில் வலய மட்ட போட்டிகளில் கலந்துகொள்வதற்குரிய தகைமையைப் பெற்றிருத்தல் வேண்டும். நேரடியாக மாகாண மட்டத்தில் நடைபெறும் போட்டியொன்றாயின் (ஒற்றையர்) அவ் வீரர் அல்லது வீராங்கனை முந்தைய வருடத்தில் தாம் விண்ணப்பித்திருக்கும் போட்டியில் அகில இலங்கை ரீதியில் முதலாம், இரண்டாம், மூன்றாம் அல்லது திறமை மட்டத்தை அடைந்திருத்தல் வேண்டும் என்பதுடன் மாகாணக் கல்வித் திணைக்களத்தின் விடயத்திற்குப் பொறுப்பான உத்தியோகத்தரது பரிந்துரையுடன் விண்ணப்பித்தல் வேண்டும். எவ்வாறாயினும் அம்மாணவரது விண்ணப்பத்தை ஏற்றுக்கொள்ளும் அதிகாரம் மேன்முறையீட்டுக் குழுவையே சாரும்.

1.2.5. இல்ல விளையாட்டுப் போட்டிகளின் பின்னர் பாடசாலை மாணவர்கள் உரிய வகுடத்தில் கலந்துகொள்ள முடியுமான விளையாட்டுப் போட்டிகள் கீழ் வருமாறு,

விளையாட்டுப் போட்டிகள்	கோட்ட மட்டம்	வலய மட்டம்	மாகாண மட்டம்	தேசிய மட்டம்
1. மெய்வல்லுனர் விளையாட்டு (ஆண் / பெண்)	√	√	√	√
2.கரப்பந்து (ஆண் / பெண்)	√	√	√	√
3.வலைப்பந்து (பெண்)	√	√	√	√
4.கால்பந்து(ஆண் / பெண்)	√	√	√	√
5. எல்வே (ஆண் / பெண்)	√	√	√	√
6. மென்பந்து கிரிக்கெட் (ஆண் / பெண்)	√	√	√	√
7. செஸ்(ஆண் / பெண்)	0	0	√	√
8.கராந்தே (ஆண் / பெண்)	0	0	√	√
9.பட்மிட்டன் (ஆண் / பெண்)	0	0	√	√
10.மேசைப்பந்து (ஆண் / பெண்)	0	0	√	√
11.நீச்சல்(ஆண் / பெண்)	0	0	√	√
12.எறி பந்து (ஆண் / பெண்)	0	0	√	√
13.கேரம் (ஆண் / பெண்)	0	0	√	√
14.ஜிம்னாஸ்டிக் (ஆண் / பெண்)	0	0	√	√
15. ஏரோபிக் ஜிம்னாஸ்டிக் (ஆண் / பெண்)	0	0	√	√
16.ஏழு பேர் கொண்ட றகர்(ஆண்)	0	0	√	√
17. கபடி (ஆண் / பெண்)	0	0	√	√
18. டைகொண்டோ(ஆண் / பெண்)	0	0	√	√
19. ஆகு(ஆண் / பெண்)	0	0	√	√
20. கூடைப் பந்து (ஆண் / பெண்)	0	0	√	√
21. ஹொக்கி (ஆண் / பெண்)	0	0	√	√
22. உடற்பயிற்சி (ஆண் / பெண்)	0	0	√	√
23. வெதர் பந்து கிரிக்கெட் (ஆண்)	0	0	√	√
24. அரை மராத்தான் (ஆண் / பெண்)	0	0	√	√
25. கைப் பந்து(ஆண் / பெண்)	0	0	√	√
26. கடற்கரை கரப்பந்து (ஆண் /பெண்)	0	0	0	√
27. மல்யுத்தம் (ஆண்)	0	0	0	√
28. குத்துச் சண்டை (ஆண்)	0	0	0	√
29. ஜூடோ (ஆண் / பெண்)	0	0	0	√
30. டெனிஸ்(ஆண் / பெண்)	0	0	0	√
31. பாரம் தூக்கல் (ஆண் / பெண்)	0	0	0	√
32. சைக்கிளோட்டம் (ஆண் / பெண்)	0	0	0	√

கவனத்தில் கொள்க (க.கொ). - √ போட்டி நடைபெறும். 0 - போட்டி நடைபெறாது.

க. கொ. மேலே குறிப்பில் காட்டப்பட்டுள்ள சகல விளையாட்டுக்களும் இச்சுற்றுநிருபம் வெளியிடப்பட்டு இரண்டு வருடங்களுள் ஆகக் குறைந்தது ஒரு மாகாணத்திற்கு ஐந்து (05) பாடசாலைகள் என்றவாறாக ஒன்பது மாகாணங்களையும் பிரதிநிதித்துவப்படுத்தி 50 பாடசாலைகள் அல்லது அதற்கு மேலதிகமான பாடசாலைகளில் அவ் விளையாட்டு பரவலாக்கப்பட்டிருத்தல் வேண்டும். அவ்வாறு பரவலாக்கப்பட்டிராத விளையாட்டுக்களுக்குரிய போட்டிகளை அகில இலங்கை மட்டத்தில் நடாத்தாது பரவலாக்கப்பட்டிருக்கும் மாகாணங்களில் மாத்திரம் மாகாண மட்டத்தில் போட்டிகளை நடாத்துவதற்குரிய நடவடிக்கைகள் மேற்கொள்ளப்படும்.

தேசிய மட்டத்திற்காக புதிய விளையாட்டு ஒன்று தகைமை பெறவேண்டுமெனின் ஆகக் குறைந்தது ஒரு மாகாணத்திற்கு 05 பாடசாலைகள் என்றவாறாக ஐந்து மாகாணங்களின் பிரதிநிதித்துவம் காணப்படல் வேண்டும். தேசிய மட்டத்தில் இணைந்து இரண்டு வருடங்களுக்குள் சகல மாகாணங்களிலும் அப் புதிய விளையாட்டு பரவலாக்கப்பட்டிருத்தல் வேண்டும்.

1.3 போட்டி விபரங்கள்

1.3.1. மெய்வல்லுனர் விளையாட்டு

1.3.1.1. மெய்வல்லுனர் விளையாட்டு வயதெல்லைகள் மற்றும் போட்டி நிகழ்ச்சிகள்

- 12 ற்குக் கீழ் ஆண் / பெண் - (10 வருடங்களுக்கு மேல் 12 வருடங்களுக்கு கீழ்)
- 14 ற்குக் கீழ் ஆண் / பெண் - (12 வருடங்களுக்கு மேல் 14 வருடங்களுக்கு கீழ்)
- 16 ற்குக் கீழ் ஆண் / பெண் - (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் ஆண் / பெண் - (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் ஆண் / பெண் - (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.1.2. அதுபரின் விருப்பத்திற்கமைய இல்ல விளையாட்டுப் போட்டிகளில் மட்டும் வேறு வயதெல்லைகளின் கீழ் போட்டிகளை நடாத்தலாம்.

1.3.1.3. 12 வயதிற்கு கீழ் ஆண்/ பெண் வயதெல்லையினரில் மாகாண திறமை மட்டத்தை தாண்டிய சகல வீர வீராங்கனைகளும் தேசிய மட்டப் போட்டிகளில் கலந்துகொள்ளலாம்.

1.3.1.4. 12 வயதிற்கு கீழ் போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகள் வீர வீராங்கனைகளுக்கு வழங்கப்படமாட்டாது என்பதுடன் தேசிய திறமை மட்டத்தை தாண்டும் வீர வீராங்கனைகளுக்கு திறமைச் சான்றிதழ் வழங்கப்படும். திறமை மட்டத்தை தாண்டும் ஒவ்வொரு சந்தர்ப்பங்களிலும் உரிய பாடசாலைக்கு 01 புள்ளி வீதம் கிடைக்கப்பெறும்.

1.3.1.5.

12 ற்குக் கீழ் ஆண் / பெண் - (10 வருடங்களுக்கு மேல் 12 வருடங்களுக்கு கீழ்)

ஆண்	பெண்
60 மீட்டர்	60 மீட்டர்
100 மீட்டர்	100 மீட்டர்
உயரம் பாய்தல்	உயரம் பாய்தல்
தூரம் பாய்தல்	தூரம் பாய்தல்
50 மீட்டர் X 4	50 மீட்டர் X 4

1.3.1.6.

14 ற்குக் கீழ் ஆண் / பெண் - (12 வருடங்களுக்கு மேல் 14 வருடங்களுக்கு கீழ்)

ஆண்	பெண்
80 மீட்டர்	80 மீட்டர்
100 மீட்டர்	100 மீட்டர்
80 மீட்டர் தடை தாண்டல் (0.762 மீ)	80 மீட்டர் தடை தாண்டல் (0.762 மீ)
உயரம் பாய்தல்	உயரம் பாய்தல்
தூரம் பாய்தல்	தூரம் பாய்தல்
குண்டெறிதல் (3 கிலோ)	குண்டெறிதல் (3 கிலோ)
100 மீட்டர் X 4	100 மீட்டர் X 4

1.3.1.7.

16 ற்குக் கீழ் ஆண் / பெண் - (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)

ஆண்	பெண்
100 மீட்டர்	100 மீட்டர்
200 மீட்டர்	200 மீட்டர்
400 மீட்டர்	400 மீட்டர்
800 மீட்டர்	800 மீட்டர்
100 மீட்டர் தடை தாண்டல் (0.838 மீ)	100 மீட்டர் தடை தாண்டல் (0.762 மீ)
300 மீட்டர் தடை தாண்டல் 07 (0.762 மீ)	300 மீட்டர் தடை தாண்டல் 07 (0.762 மீ)
100 மீட்டர் X 4	100 மீட்டர் X 4
400 மீட்டர் X 4	400 மீட்டர் X 4
உயரம் பாய்தல்	உயரம் பாய்தல்
தூரம் பாய்தல்	தூரம் பாய்தல்
குண்டெறிதல் (4 கிலோ)	குண்டெறிதல் (3 கிலோ)
தட்டெறிதல் (1 கிலோ)	தட்டெறிதல் (1 கிலோ)
ஈட்டி எறிதல் (600 கிராம்)	ஈட்டி எறிதல் (500 கிராம்)

1.3.1.8

18 ற்குக் கீழ் ஆண் / பெண் - (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)

ஆண்	பெண்
100 மீட்டர்	100 மீட்டர்
200 மீட்டர்	200 மீட்டர்
400 மீட்டர்	400 மீட்டர்
800 மீட்டர்	800 மீட்டர்
1,500 மீட்டர்	1,500 மீட்டர்
110 மீட்டர் தடை தாண்டல் (0.914 மீ)	100 மீட்டர் தடை தாண்டல் (0.762 மீ)
400 மீட்டர் தடை தாண்டல் (0.838 மீ)	400 மீட்டர் தடை தாண்டல் (0.762 மீ)
100 மீட்டர் X 4	100 மீட்டர் X 4
400 மீட்டர் X 4	400 மீட்டர் X 4
உயரம் பாய்தல்	உயரம் பாய்தல்
தூரம் பாய்தல்	தூரம் பாய்தல்
முப்பாய்ச்சல்	முப்பாய்ச்சல்
கோலூன்றிப் பாய்தல்	கோலூன்றிப் பாய்தல்
குண்டெறிதல் (5 கிலோ)	குண்டெறிதல் (3 கிலோ)
தட்டெறிதல் (1.5 கிலோ)	தட்டெறிதல் (1 கிலோ)
ஈட்டி எறிதல் (700 கிராம்)	ஈட்டி எறிதல் (500 கிராம்)

1.3.1.9

20 ற்குக் கீழ் ஆண் / பெண் - (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

ஆண்	பெண்
100 மீட்டர்	100 மீட்டர்
200 மீட்டர்	200 மீட்டர்
400 மீட்டர்	400 மீட்டர்
800 மீட்டர்	800 மீட்டர்
1,500 மீட்டர்	1,500 மீட்டர்
5,000 மீட்டர்	5,000 மீட்டர்
110 மீட்டர் தடை தாண்டல் (0.990 மீ)	100 மீட்டர் தடை தாண்டல் (0.838 மீ)
400 மீட்டர் தடை தாண்டல் (0.914 மீ)	400 மீட்டர் தடை தாண்டல் (0.762 மீ)
100 மீட்டர் X 4	100 மீட்டர் X 4
400 மீட்டர் X 4	400 மீட்டர் X 4
உயரம் பாய்தல்	உயரம் பாய்தல்
தூரம் பாய்தல்	தூரம் பாய்தல்
முப்பாய்ச்சல்	முப்பாய்ச்சல்
கோலூன்றிப் பாய்தல்	கோலூன்றிப் பாய்தல்
குண்டெறிதல் (6 கிலோ)	குண்டெறிதல் (4 கிலோ)
தட்டெறிதல் (1.75 கிலோ)	தட்டெறிதல் (1 கிலோ)
ஈட்டி எறிதல் (800 கிராம்)	ஈட்டி எறிதல் (600 கிராம்)

1.3.1.10

தடைதாண்டி ஓடல் போட்டிக்கான அளவீடுகள்

போட்டி	ஆரம்ப கோட்டிலிருந்து முதலாம் தடை வரையிலான தூரம்	தடைகளுக்கு இடையிலான தூரம்	இறுதித் தடையில் இருந்து வெற்றிக் கோடு வரையான தூரம்	தடைகளின் எண்ணிக்கை
80 மீட்டர் தடை தாண்டல்	12.00 மீட்டர்	8.00 மீட்டர்	12.00 மீட்டர்	08
100 மீட்டர் தடை தாண்டல்	13.00 மீட்டர்	8.50 மீட்டர்	10.50 மீட்டர்	10
110 மீட்டர் தடை தாண்டல்	13.72 மீட்டர்	9.14 மீட்டர்	14.02 மீட்டர்	10
300 மீட்டர் தடை தாண்டல்	50.00 மீட்டர்	35.00 மீட்டர்	40.00 மீட்டர்	10
400 மீட்டர் தடை தாண்டல்	45.00 மீட்டர்	35.00 மீட்டர்	40.00 மீட்டர்	10

1.3.1.11 அகில இலங்கை பாடசாலை மெய்வல்லுனர் சுற்றுப்போட்டியில் அகில இலங்கை மட்டத்திற்கு 14, 16, 18, 20 வயதிற்குக் கீழ் வயதெல்லையினருக்கு ஒரு தனிப் போட்டி நிகழ்ச்சிக்கு வீர வீராங்கனைகள் நான்கு (04) பேரும், அஞ்சல் போட்டி நிகழ்ச்சியொன்றிற்கு மூன்று அணிகளும் மாகாண மட்டத்தில் கலந்துகொள்ளலாம். கோட்ட, வலய மற்றும் மாகாண மட்ட போட்டிகளை நடாத்தும் போது அதில் கலந்துகொள்ளக்கூடிய போட்டியாளர்களின் எண்ணிக்கை மாகாணத்தினால் தீர்மானிக்கப்படல் வேண்டும்.

1.3.1.12 18 வயதிற்கு கீழ் மற்றும் 20 வயதிற்கு கீழ் வர்ண திறமை மட்டங்கள் மற்றும் 12 வயதிற்கு கீழ் திறமை மட்டம் ஆகியவை பிரதி வருடம் ஜனவரி மாதம் 31ம் திகதிக்கு முன்னர் மாகாணத்தின் விடயத்திற்குப் பொறுப்பான பி.க.ப/ உ.க.ப அவர்களால் அறியத்தரப்படும்.

1.3.2. கரப்பந்து (ஆண் / பெண்)

1.3.2.1. வயதெல்லைகள்

- 16 ர்குக் கீழ் (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)
- 18 ர்குக் கீழ் (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)
- 20 ர்குக் கீழ் (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.2.2. போட்டிகளில் சுற்றுக்களின் எண்ணைக்கையினை ஏற்பாட்டாளர்களால் தீர்மானிக்கலாம்

1.3.2.3 சகல போட்டியாளர்களும் தமக்குரிய 1-18 வரையிலான இலக்கங்களை தமது சட்டையில் தெளிவாக தெரியக்கூடிய வரையில் குறிப்பிட்டிருத்தல் வேண்டும். இலக்கத்துடனான சட்டை அணியாத போட்டியாளர்கள் கலந்து கொள்ள இடமளிக்கப்பட மாட்டார்கள்.

1.3.2.4. வலையின் உயர அளவு

- 16 ர்குக் கீழ் ஆண் - 2.32 மீ பெண் - 2.12 மீ
- 18 ர்குக் கீழ் ஆண் - 2.43 மீ பெண் - 2.24 மீ
- 20 ர்குக் கீழ் ஆண் - 2.43 மீ பெண் - 2.24 மீ

- 1.3.2.5 12 பேர் கொண்ட போட்டியாளர்கள் அணியின் பட்டியலில் இருந்து போட்டியில் கலந்து கொள்பவர்கள் தெரிவுசெய்யப்பட வேண்டும்.
- 1.3.2.6 மாகாண மட்டப் போட்டிகளில் முதலாம், இரண்டாம், மூன்றாம் நிலைகளை பெறும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளச் செய்யலாம்.
- 1.3.2.7 சகல போட்டிகளும் சர்வதேச கரப்பந்து சட்ட விதிமுறைகளுக்கமைய நடைபெறும்.

1.3.3. வலைப் பந்து (பெண்)

1.3.3.1. வயதெல்லைகள்

- 16 ற்குக் கீழ் (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.3.2. போட்டிக்கான கால எல்லை

- 16 ற்குக் கீழ் - 10 நிமிடங்கள் - 3 - 10
- 18 ற்குக் கீழ் - 15 நிமிடங்கள் - 5 - 15
- 20 ற்குக் கீழ் - 20 நிமிடங்கள் - 5 - 20

1.3.3.3. சகல வீராங்கனைகளும் தமது நிலைகளின் பெயர்களை தமது சட்டையின் முன் மற்றும் பின் பக்கங்களிலும் தெளிவாக தெரியக்கூடியவாறு அணிநிதிருத்தல் வேண்டும்.

1.3.3.4. 12 பேர் கொண்ட போட்டியாளர் அணியினை பட்டியலிடவேண்டும் என்பதுடன் ஒரு தடவையில் ஆகக்கூடியது 07 பேரும் ஆகக் குறைந்தது 05 போட்டியாளர்களும் விளையாடலாம்.

1.3.3.5. மாகாண மட்ட போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெற்றுக் கொண்ட அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளலாம்.

1.3.3.6. சகல போட்டிகளும் சர்வதேச வலைப்பந்துப் போட்டி சட்ட விதிமுறைகளுக்கமைய நடைபெறும்.

1.3.4. காற்பந்து (ஆண் / பெண்)

1.3.4.1. வயதெல்லைகள்

ஆண்

- 16 ற்குக் கீழ் (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

பெண்

- 20 ற்குக் கீழ் (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)
- 17 ற்குக் கீழ் (14 வருடங்களுக்கு மேல் 17 வருடங்களுக்கு கீழ்)

1.3.4.2. ஒரு அணிக்கு பதிவு செய்யக்கூடிய ஆகக் கூடிய போட்டியாளர்களின் எண்ணிக்கை 18 ஆகும். போட்டியிடுவதற்காக அதிலிருந்து 11 பேரை தெரிவு செய்யலாம்.

1.3.4.3. வீராங்கனைகள் மைதானத்தில் நுழையும் போது தம்மை இனம் காண்பதற்காக இலக்கத்தை அணிநிதிருத்தல் வேண்டும். அவ் இலக்கங்கள் 1 முதல் 18 ஆக இருத்தல் வேண்டும் என்பதுடன் போட்டி இலக்கங்களை அணியாத வீர வீராங்கனைகள் விளையாட அனுமதிக்கப்படமாட்டார்கள்.

1.3.4.4. போட்டிக்கான காலம்

- 25-05-25 நிமிடங்கள் (ஆண்)
- 20-05-20 நிமிடங்கள் (பெண்)

- 1.3.4.5. மாகாண மட்ட போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் அணிகள் தேசிய மட்டப் போட்டிகளில் கலந்து கொள்ளலாம்.
- 1.3.4.6. சகல போட்டிகளும் சர்வதேச காற்பந்து போட்டி சட்ட விதிமுறைகளுக்கமைய நடைபெறும்.

1.3.5. எல்வே (ஆண் / பெண்)

- 1.3.5.1. வயதெல்லைகள்
• 20 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)
- 1.3.5.2. வீர வீராங்கனைகள் 20 பேர் கொண்ட அணி பட்டியலிடப்பட்டு போட்டியிடுபவர்களை அப்பட்டியலில் இருந்து தெரிவு செய்ய வேண்டும். அணியொன்றில் ஆகக் குறைந்தது 12 பேரும் ஆகக் கூடியது 16 பேரும் போட்டியிடலாம்.
- 1.3.5.3. சுற்றுப் போட்டியின் இறுதிப் போட்டி தவிர ஏனைய சகல போட்டிகளிலும் ஒரு அணிக்கு ஒரு இனிங்க்ஸ் மட்டுமே விளையாடலாம்.
- 1.3.5.4. ஒரு அணிக்கு ஒரு இனிங்ஸிற்காக 40 பந்து வீச்சுக்கள் கிடைக்கும். ஒரு அணிக்கான சகல பந்துவீச்சுக்களும் நிறைவடைய முன்னர் போட்டியாளர்கள் அனைவரும் அவுட் ஆனால் அவர்களுக்கான இனிங்ஸ் நிறைவடையும்.
- 1.3.5.5. துடுப்பெடுத்தாடும் அணியின் ஒருவரே பந்துவீச வேண்டும்.
- 1.3.5.6. மாகாண மட்ட போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் அணிகள் தேசிய மட்டப் போட்டிகளில் கலந்து கொள்ளலாம்.
- 1.3.5.7. சகல போட்டிகளும் இலங்கை எல்வே பேரவையினால் பாடசாலைகளுக்கென அங்கீகரிக்கப்பட்டுள்ள சட்ட விதிமுறைகளுக்கமைய நடைபெறும்.

1.3.6. மென்பந்து கிரிக்கெட் (ஆண் / பெண்)

- 1.3.6.1. வயதெல்லைகள்
• 20 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)
- 1.3.6.2. மட்டுப்படுத்தப்பட்ட ஓவர்களைக் கொண்ட போட்டியாக நடைபெறும். ஒரு அணிக்கு 10 ஓவர்கள் கிடைக்கும்.
- 1.3.6.3. ஒரு அணியில் 15 வீர வீராங்கனைகளைப் பெயர் பட்டியல் இருக்க வேண்டும் என்பதுடன் ஒரு தடவையில் 11 பேர் மாத்திரமே விளையாடலாம். ஆகக் குறைந்தது 9 பேரேனும் போட்டியில் கலந்து கொள்ள வேண்டும்.
- 1.3.6.4. ஒருவருக்கு இரண்டு ஓவர்கள் மட்டுமே பந்து செலுத்தலாம்.
- 1.3.6.5. மாகாண மட்ட போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் அணிகள் தேசிய மட்டப் போட்டிகளில் கலந்து கொள்ளலாம்.
- 1.3.6.6. இலங்கை தேசிய மென்பந்து கிரிக்கெட் சங்கம் மற்றும் பாடசாலை சங்கங்களின் சட்ட விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.7. செஸ்(ஆண் / பெண்)

- 1.3.7.1. வயதெல்லைகள்
• 17 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல், 17 வருடங்களுக்கு கீழ்)
• 20 ற்குக் கீழ் - (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)
- 1.3.7.2. ஒரு அணி 7 வீர வீராங்கனைகளைக் கொண்டதாக இருத்தல் வேண்டும். ஒரு தடவையில் 6 பேர் போட்டியிட முடியும் என்பதுடன் மிகுதியாக உள்ளவர் மேலதிக போட்டியாளராக கருதப்படுவர்.
- 1.3.7.3. 6 சுற்றுக்களைக் கொண்டதாக போட்டி நடைபெறும்.

- 1.3.7.4. எக்காரணங்கொண்டும் முன்வைக்கப்படும் அணி வீர வீராங்கனைகளின் ஒழுங்கினை மாற்ற அனுமதிக்கப்படமாட்டாது.
- 1.3.7.5. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் இடங்களைப் பெறும் வீர வீராங்கனைகள் மற்றும் அணிகள் தேசிய மட்ட போட்டியில் கலந்து கொள்ளலாம்.
- 1.3.7.6. சர்வதேச செஸ் போட்டி சட்ட விதிமுறைகளுக்கமைய (பி.டே) போட்டிகள் நடைபெறும்.

1.3.8. கராத்தே (ஆண் / பெண்)

1.3.8.1 மூன்று வயதெல்லைகளுக்கும் காத்தா மற்றும் கும்தே தனியாள் போட்டிகள் நடைபெறும்.

1.3.8.2 காத்தா போட்டி

1.3.8.2.1 காத்தா தனியாள் போட்டி ஆண் / பெண்

- 16 ற்குக் கீழ் ஆண் / பெண் போட்டி - (14 வருடங்களுக்கு மேல்.16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் ஆண் / பெண் போட்டி - (18 வருடங்களுக்கு மேல்.18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் ஆண் / பெண் போட்டி - (18 வருடங்களுக்கு மேல்.20 வருடங்களுக்கு கீழ்)

1.3.8.2.2 காத்தா குழுப் போட்டிக்கு ஒரு பாடசாலையிலிருந்து ஆண், பெண் என வெவ்வேறாக இரண்டு அணிகள் மாத்திரம் கலந்து கொள்ள முடியும்.

1.3.8.3 கும்தே போட்டி

1.3.8.3.1 கும்தே தனியாள் போட்டி

- 16 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)
கும்தே (பெண்) -45kg , +45kg
கும்தே (ஆண்) -47kg, -57kg, +57kg
- 18 ற்குக் கீழ் - (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)
கும்தே (பெண்) -48kg, +48kg
கும்தே (ஆண்) -50kg, -61kg, +61kg
- 20 ற்குக் கீழ் - (18 வருடங்களுக்கு மேல். 20 வருடங்களுக்கு கீழ்)
கும்தே பெண் -50kg, +50kg
கும்தே ஆண் -52kg, -67kg, +67kg

1.3.8.3.2 கும்தே குழுப் போட்டி

குழு கும்தே போட்டியில் ஒரு பாடசாலையிலிருந்து ஆண், பெண் என வெவ்வேறாக இரண்டு குழுக்கள் மாத்திரம் கலந்துகொள்ளலாம்.

1.3.8.3.2.1 ஆண் / பெண்களுக்கான கும்தே குழுப் போட்டியில் ஒரு வயதெல்லையில் ஒரு வீரர்/ வீராங்கனை வீதம் மூன்று வயதெல்லைகளில் இருந்தும் வீர வீராங்கனைகள் மூன்று பேர் கலந்து கொள்ளலாம்.

1.3.8.4. குழுக் காத்தா போட்டியில் 14 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ் வயதெல்லையில் எந்த மூன்று பேர்களுையேனும் கலந்து கொள்ளச் செய்யலாம். இறுதிப் போட்டியில் வெற்றிபெறும் அணி புன்காய் (Bunkai) முறையினை செய்து காட்ட வேண்டும்.

1.3.8.5. சூழ்தே போட்டியில் கலந்து கொள்ளும் சகல போட்டியாளர்களும் உடற் தகைமை தொடர்பான மருத்துவச் சான்றிதழ் ஒன்றினை சமர்ப்பித்தல் வேண்டும். அச் சான்றிதழ் அதிபரால் தனிப்பட்ட ரீதியில் பரீட்சிக்கப்பட்டு உறுதிப்படுத்தப்பட்டிருத்தல் வேண்டும். இதற்கு மேலதிகமாக பெற்றோரின் விருப்பக் கடிதம் ஒன்றும் சமர்ப்பிக்கப்படுதல் வேண்டும்.

1.3.8.6. மாகாண மட்ட ஒற்றையர் போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் மூன்று பேரும் குழுப் போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் மூன்று அணிகளும் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ள முடியும்.

1.3.9. பெட்மிண்டன் (ஆண் / பெண்)

1.3.9.1. ஒற்றையர் போட்டி

1.3.9.1.1 வயதெல்லைகள்

- வயதெல்லை 20 ற்குக் கீழ் (16 வருடங்களுக்கு மேல் - 20 வருடங்களுக்கு கீழ்)

1.3.9.2. ஒரு போட்டி 2/3 சுற்றுக்களைக் கொண்டது.

1.3.9.3. ஒரு மாகாணத்திலிருந்து கலந்து கொள்ளக்கூடிய அதியுயர் போட்டியாளர்களின் எண்ணிக்கை 4 ஆகும்.

1.3.9.4. ஒரு பாடசாலையிலிருந்து 3 வீர வீராங்கனைகள் மட்டுமே கலந்து கொள்ளலாம். (ஆண், பெண் என வெவ்வேறாக விண்ணப்பங்கள் சமர்ப்பிக்கப்பட வேண்டும்.)

1.3.9.5. குழுப் போட்டிகள்

1.3.9.5.1 வயதெல்லைகள்

- 16 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் - (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் - (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.9.6. முதல் சுற்று, இரு ஒற்றையர் போட்டிகளையும் ஒரு இரட்டையர் போட்டியினையும் கொண்டது. ஒற்றையர் பிரிவில் போட்டியில் கலந்து கொள்ளும் ஒருவர் இரட்டையர் பிரிவில் போட்டியில் கலந்து கொள்ள முடியாது.

1.3.9.7. காலிறுதிச் சுற்று, அரையிறுதிச் சுற்று மற்றும் இறுதிச் சுற்றுக்கள் மாத்திரம் மூன்று ஒற்றையர் போட்டிகளையும் இரண்டு இரட்டையர் போட்டிகளையும் கொண்டிருக்கும் என்பதுடன் ஒற்றையர் பிரிவில் போட்டியிடும் போட்டியாளர்கள் இரட்டையர் பிரிவில் போட்டியில் கலந்து கொள்ள முடியாது.

1.3.9.8. ஒரு அணியின் பட்டியலில் ஆகக் கூடியது 10 பேரும் ஆகக் குறைந்தது 6 பேரும் இருக்க முடியும் என்பதுடன் போட்டியிடுபவர்கள் அப்பட்டியலில் இருந்து தெரிவு செய்யப்படவேண்டும்.

1.3.9.9. சகல போட்டிகளிலும் சிறகுப் பந்துகளை (Feather Shuttles) உபயோகப்படுத்த வேண்டும்.

1.3.9.10. இரு குழுக்களுக்கிடையிலான போட்டியொன்றின் போது போட்டியிடும் ஒழுங்கு

II. ஒற்றையர்

III. இரட்டையர்

IV. ஒற்றையர்

V. இரட்டையர்

VI. ஒற்றையர்

கருத்தில் கொள்க. 6 போட்டியாளர்களை இணைத்திருக்கும் சந்தர்ப்பத்தில் எதிரணி போட்டியிடாது வெற்றிபெறும். அப் போட்டியானது "5ம் போட்டி" அதாவது ஒற்றையர் (3) போட்டியாக இருத்தல் வேண்டும்.

- 1.3.9.11. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளை பெற்றுக் கொள்ளும் வீர வீராங்கனைகள் மற்றும் அணிகள் தேசிய மட்ட போட்டியில் கலந்து கொள்ளலாம்.
- 1.3.9.12. தேசிய பெட்மிண்டன்ட் போட்டி சட்ட விதிமுறைகளுக்கமைய சகல போட்டிகளும் நடைபெறும்.

1.3.10. மேசைப் பந்து (ஆண் / பெண்)

1.3.10.1. ஒற்றையர் போட்டி

1.3.10.1.1 வயதெல்லைகள்

- 20 ற்குக் கீழ் (16 வருடங்களுக்கு மேல் – 20 வருடங்களுக்கு கீழ்)

1.3.10.2. ஒரு போட்டி ஐந்து சுற்றுக்களைக் கொண்டது.

1.3.10.3. மாகாணத்தில் இருந்து ஆகக் கூடியது 4 வீர வீராங்கனைகள் மட்டுமே கலந்து கொள்ளலாம்.

1.3.10.4. ஒரு பாடசாலையிலிருந்து 3 வீர வீராங்கனைகள் கலந்து கொள்ளலாம்.

1.3.10.5. குழுப் போட்டிகள்

1.3.10.5.1 வயதெல்லைகள்

- 16 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல், 16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் - (16 வருடங்களுக்கு மேல், 18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் - (18 வருடங்களுக்கு மேல், 20 வருடங்களுக்கு கீழ்)

1.3.10.6. சுற்றுப் போட்டி ஐந்து சுற்றுக்களைக் கொண்டிருப்பதன் அது 5 ஒற்றையர் போட்டிகளைக் கொண்டது. அதாவது A – X, B – Y, C – Z, A – Y, B – X என்ற வகையில் அமையும்.

1.3.10.7. ஒரு அணியின் பட்டியலில் 6 வீர வீராங்கனைகளின் பெயர்கள் இடம்பெற வேண்டும். போட்டியிடுபவர்களை அப் பட்டியலில் இருந்து தெரிவு செய்ய வேண்டும். ஒரு அணியில் ஆகக் குறைந்தது 03 வீர வீராங்கனைகளேனும் இருத்தல் வேண்டும்.

1.3.10.8. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளை பெறும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளலாம்.

1.3.10.9. சர்வதேச மேசைப்பந்து சட்ட விதிமுறைகளுக்கமைய போட்டிகள் இடம்பெறும்.

1.3.10.10. 40 மி.மீ + பிளாஸ்டிக் (Plastic) வெள்ளைநிற பந்தினை உபயோகப்படுத்தி போட்டி நடைபெறும்.

1.3.11. நீச்சல் (ஆண் / பெண்)

1.3.11.1 வயதெல்லைகள்

- 12 ற்குக் கீழ் - (10 வருடங்களுக்கு மேல், 12 வருடங்களுக்கு கீழ்) - ஆண் / பெண்
- 14 ற்குக் கீழ் - (12 வருடங்களுக்கு மேல், 14 வருடங்களுக்கு கீழ்) - ஆண் / பெண்
- 16 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்) - ஆண் / பெண்
- 18 ற்குக் கீழ் - (16 வருடங்களுக்கு மேல், 18 வருடங்களுக்கு கீழ்) - ஆண் / பெண்
- 20 ற்குக் கீழ் - (18 வருடங்களுக்கு மேல், 20 வருடங்களுக்கு கீழ்) - ஆண் / பெண்

1.3.11.2 நடைபெறும் போட்டிகள்

போட்டி	12 ற்குக் கீழ் ஆண் / பெண்	14 ற்குக் கீழ் ஆண் / பெண்	16 ற்குக் கீழ் ஆண் / பெண்	18 ற்குக் கீழ் ஆண் / பெண்	20 ற்குக் கீழ் ஆண்	20 ற்குக் கீழ் பெண்
ப்ரீ ஸ்டைல்	50 மீ. 100 மீ.	50 மீ. 100 மீ.	50/100/ 200 மீ.	50/100/ 200/400 மீ.	50/100/200 400/1500 மீ.	50/100/200/ 400/800 மீ.
பெக் ஸ்ட்ரோக்	50 மீ.	50 மீ. 100 மீ.	50 /100 மீ.	50/100/200 மீ.	50/100/200 மீ.	50/100/200 மீ.
பட்டர் கப்பளை நீச்சல்	50 மீ.	50 மீ. 100 மீ.	50 /100 மீ.	50/100/200 மீ.	50/100/200 மீ.	50/100/200 மீ.
ப்ரெஸ்ட் ஸ்ட்ரோக்	50 மீ.	50 மீ. 100 மீ.	50 /100 மீ.	50/100/200 மீ.	50/100/200 மீ.	50/100/200 மீ.
ஒற்றையர் கலப்பு முறை நீச்சல்	-	200 மீ.	200 மீ.	200 மீ.	200 மீ.	200 மீ.
ப்ரீ ஸ்டைல் அஞ்சல்	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4
கலப்பு முறை நீச்சல் அஞ்சல்	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4	50 மீ. x 4

- 1.3.11.3. ஒரு போட்டியாளர் அஞ்சல் போட்டி தவிர்ந்த மூன்று (03) போட்டிகளில் மாத்திரமே கலந்து கொள்ள முடியும்.
- 1.3.11.4. ஒரு போட்டிக்காக ஒரு பாடசாலையிலிருந்து மூன்று வீர வீராங்கனைகள் மாத்திரமே கலந்து கொள்ள முடியும்.
- 1.3.11.5. அஞ்சலோட்ட போட்டிக்கு ஒரு பாடசாலையிலிருந்து ஒரு அணி கலந்து கொள்ளலாம்.
- 1.3.11.6. 12 வயதிற்கு கீழ் ஆண்/ பெண் வயதெல்லையினரில் மாகாண திறமை மட்டத்தை தாண்டிய சகல வீர வீராங்கனைகளும் தேசிய மட்ட போட்டிகளில் கலந்துகொள்ளலாம்.
- 1.3.11.7 12 ற்கு கீழ் மற்றும் 14 ற்குக் கீழ் போட்டிகளில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகள் வழங்கப்படாது என்பதுடன் தேசிய திறமை மட்டத்தினைத் தாண்டிய சகலருக்கும் சான்றிதழ் வழங்கப்படும். திறனை மட்டத்தினைத் தாண்டும் ஒவ்வொரு சந்தர்ப்பத்திலும் அப் பாடசாலைக்கு 01 புள்ளி வீதம் வழங்கப்படும்.

1.3.12. எறிபந்து (ஆண் / பெண்)

1.3.12.1. வயதெல்லைகள்

- 17 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 17 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் - (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.12.2. ஒரு அணியில் 12 வீர வீராங்கனைகள் இடம்பெறலாம். எனினும் ஒரு தடவையில் 7 பேர் மாத்திரமே விளையாடலாம்.

1.3.12.3 வலையின் உயரம் 2.20 மீ.

1.3.12.4 மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ள முடியும்.

1.3.12.5 தேசிய எறிபந்து சங்கம் மற்றும் பாடசாலை சங்கங்களின் போட்டி சட்ட விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.13. கேரம் (ஆண் / பெண்)

1.3.13.1. வயதெல்லைகள்

- 17 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 17 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் - (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.13.2. ஒரு அணியில் இருக்கக் கூடிய ஆகக் கூடிய அங்கத்தவர்களின் எண்ணிக்கை 7 மற்றும் ஆகக் குறைந்த எண்ணிக்கை 4 ஆகும்.

1.3.13.3. இரு பாடசாலைகளிடையே நடைபெறும் போட்டியொன்று இரு ஒற்றையர் போட்டிகள் மற்றும் ஒரு இரட்டையர் போட்டியைக் கொண்டிருக்கும். ஒற்றையர் போட்டிகளின் வெற்றி இரண்டு அணிகளுக்கும் சமமாக பகிரப்பட்டால் மாத்திரம் இரட்டையர் போட்டி விளையாடப்படும். அவ்வாறான சந்தர்ப்பத்தில் ஒற்றையர் போட்டியில் விளையாடிய போட்டியாளர்கள் இரட்டையர் போட்டியில் கலந்து கொள்ளமுடியாது.

1.3.13.4. அனைத்து போட்டிகளும் 30 நிமிடங்களுக்கு மட்டுப்படுத்தப்படுவதுடன் 8 போர்ட்கள் விளையாடப்படும். அந்த 30 நிமிடங்கள் விளையாடி அதிகூடிய புள்ளிகளைப் பெறும் போட்டியாளர் அல்லது 30 நிமிடங்கள் நிறைவடைய முன்னர் 8 போர்ட்களை விளையாடி அதிக புள்ளிகளைப் பெறும் போட்டியாளர் வெற்றி பெறுவார்.

1.3.13.5. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளலாம்.

1.3.14. ஜிம்னாஸ்டிக் (ஆண் / பெண்)

1.3.14.1 வயதெல்லைகள்

- 14 ற்குக் கீழ்- (12 வருடங்களுக்கு மேல், 14 வருடங்களுக்கு கீழ்) - ஆண் / பெண்
- 16 ற்குக் கீழ்- (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்) - ஆண் / பெண்
- 18 ற்குக் கீழ்- (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்) - ஆண் / பெண்
- 20 ற்குக் கீழ்- (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்) - ஆண் / பெண்

1.3.14.2. நடைபெறும் போட்டிகள்

வயதெல்லைகள்	போட்டி நிகழ்ச்சிகள்	
	ஆண்	பெண்
14 ற்குக் கீழ், 16 ற்குக் கீழ், 18 ற்குக் கீழ்	பூமி உடற்பயிற்சி கோலூன்றிப் பாய்தல் (vault) நிலையான மோதிரம் குறுக்குத் கம்பங்கள் சமாந்தர கம்பம் உடலியுடனான குதிரை	பூமி உடற்பயிற்சி சமனற்ற கம்பம் சமநிலை கற்றை கோலூன்றிப் பாய்தல் (vault)

1.3.14.3. ஒரு வீரர் அல்லது வீராங்கனை சகல போட்டிகளிலும் கலந்துகொள்ளலாம்.

1.3.14.4. ஒரு போட்டிக்கு ஒரு பாடசாலையிலிருந்து இரண்டு போட்டியாளர்கள் மட்டுமே கலந்து கொள்ளலாம்.

1.3.14.5. சர்வதேச ஜிம்னாஸ்டிக் போட்டி விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.14.6. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெற்றுக் கொள்ளும் போட்டியாளர்கள் தேசிய மட்ட போட்டியில் கலந்து கொள்ளலாம்.

1.3.15. ஏரோபிக் ஜிம்னாஸ்டிக்(ஆண் / பெண்)

1.3.15.1. வயதெல்லைகள்

வயதெல்லை	போட்டியிடக்கூடிய காலம்
16 ற்குக் கீழ் (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்) ஆண் / பெண்	1 நிமி. 15 செக். (-5செக்./ +5செக்.)
18 ற்குக் கீழ் (16 வருடங்களுக்கு மேல்.18 வருடங்களுக்கு கீழ்) ஆண் / பெண்	1 நிமி. 15 செக். (-5செக்./ +5செக்.)
20 ற்குக் கீழ் (18 வருடங்களுக்கு மேல். 20 வருடங்களுக்கு கீழ்) ஆண் / பெண்	1 நிமி. 15 செக். (-5செக்./ +5செக்.)

1.3.15.2. நடைபெறும் போட்டிகள்

ஆண் / பெண்

1. ஒற்றையர்
2. மூவர்
3. குழு

1.3.15.3. ஒரு போட்டியாளருக்கு மேலே 1.3.15.2 இல் குறிப்பிடப்பட்டுள்ள மூன்று போட்டிகளில் விருப்பமான எண்ணிக்கையிலான போட்டிகளில் கலந்துகொள்ளலாம்.

1.3.15.4. ஒரு போட்டியில் ஒரு பாடசாலையிலிருந்து கலந்து கொள்ள முடியுமான வீர வீராங்கனைகளின் எண்ணிக்கை

- ஒற்றையர் போட்டி - இருவர்
மூவர் போட்டி - குழு 1
குழு போட்டி - குழு 1

- 1.3.15.5. குழு போட்டிகளில் 6 போட்டியாளர்கள் கலந்து கொள்ள முடியும் என்பதுடன் ஐந்து போட்டியாளர்களை போட்டியிட முடியும். யிகுதி வீரர் மேலதிக வீரராக கருதப்படுவார்.
- 1.3.15.6. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளை பெற்றுக் கொள்ளும் போட்டியாளர்கள் மற்றும் பாடசாலை அணிகள் அகில இலங்கை மட்ட போட்டிகளில் கலந்து கொள்ள முடியும்.
- 1.3.15.7. சர்வதேச ஏரோபிக் ஜிம்னாஸ்டிக் போட்டி விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.16. ஏழு பேர் கொண்ட றக்பி (7) (ஆண்)

1.3.16.1. வயதெல்லைகள்

- 20 ற்குக் கீழ் - (16 வருடங்களுக்கு மேல், 20 வருடங்களுக்கு கீழ்)

1.3.16.2. ஒரு அணியில் பன்னிரண்டு (12) அங்கத்தவர்கள் மாத்திரமே இருக்கலாம்.

1.3.16.3. ஏழு அங்கத்தவர் கொண்ட றக்பி போட்டியாக நடைபெறும்.

1.3.16.4. போட்டிக்கான காலம் .7-01-07 நிமிடங்கள்

1.3.16.5. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெற்ற அணிகள் தேசிய மட்ட போட்டியில் கலந்து கொள்ள முடியும்.

1.3.16.6. இலங்கை பாடசாலை றக்பி சங்கத்தினதும் சர்வதேச றக்பி சட்ட விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.17. கபடி(ஆண் / பெண்)

1.3.17.1. வயதெல்லைகள்

- 17 ற்குக் கீழ் - ஆண் (14 வருடங்களுக்கு மேல் 17 வருடங்களுக்கு கீழ்) - 60 kg
- 17 ற்குக் கீழ் - பெண் (14 வருடங்களுக்கு மேல், 17 வருடங்களுக்கு கீழ்) - 55 kg
- 20 ற்குக் கீழ் - ஆண் (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்) - 70 kg
- 20 ற்குக் கீழ் - பெண் (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்) - 65 kg

1.3.17.2. ஒரு அணியில் 12 போட்டியாளர்கள் இருக்கலாம்.

1.3.17.3. மூன்றாம் ஆக்கிரமிப்புச் சுற்று, குப்பர் டெக்கல், 30 செக்கன் விதிமுறை செல்லுபடியாகும்.

1.3.17.4. போட்டிக்கான காலம்

- 17 ற்குக் கீழ் - ஆண் - 15, 5, 15 நிமிடங்கள்
- 17 ற்குக் கீழ் - பெண் - 15, 5, 15 நிமிடங்கள்
- 20 ற்குக் கீழ் - ஆண் - 20, 5, 20 நிமிடங்கள்
- 20 ற்குக் கீழ் - பெண் - 15, 5, 15 நிமிடங்கள்

க.கொ. - மேற்கூறிய வயதெல்லைகளுக்கமைய போட்டிக்கான காலம் மற்றும் சுற்றுப்போட்டியின் தன்மை என்பன மாறலாம்.

1.3.17.5. போட்டி நடைபெறும் தினத்திற்கு முன்னைய நாள் பி.ப 2.00 முதல் இரவு 8.00 மணி வரையில் எடை அளவிடப்படும்.

1.3.17.6. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெற்றுக் கொள்ளும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளலாம்.

1.3.17.7. சர்வதேச கபடி சங்க போட்டி சட்ட விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.18. டைகொண்டோ (ஆண் / பெண்)

1.3.18.1. வயதெல்லைகள்

- 18 ற்குக் கீழ் (16 வருடங்களுக்கு மேல்.18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் (18 வருடங்களுக்கு மேல்.20 வருடங்களுக்கு கீழ்)

1.3.18.2. நிறை வகுதி

வயதெல்லைகள்	நிறை வகுதி
18 ற்குக் கீழ் ஆண்	45 கி. கிராமிற்கு குறைந்த 45 - 48 கி.கிராம். 48-51 கி. கிராம். 51-55 கி. கிராம். 55-59 கி. கிராம். 59-63 கி. கிராம். 63-68 கி. கிராம். 68-73 கி. கிராம். 73-78 கி. கிராம். 78 கி. கிராமிற்கு மேல்
18 ற்குக் கீழ் பெண்	42 கி. கிராமிற்கு குறைந்த 42 - 44 கி.கிராம். 44 - 46 கி.கிராம். 46 - 49 கி.கிராம். 49 - 52 கி.கிராம். 52 - 55 கி.கிராம். 55 -59 கி.கிராம் 59 -63 கி.கிராம். 63 -68 கி.கிராம். 68 கி. கிராமிற்கு மேல்
வயதெல்லைகள்	நிறை வகுதி
20 ற்குக் கீழ் ஆண்	54 கி. கிராமிற்கு குறைந்த 54 -58 கி.கிராம் 58-63 கி.கிராம் 63-68 கி.கிராம் 68-74 கி.கிராம் 74-80 கி.கிராம் 80-87 கி.கிராம் 87 கி. கிராமிற்கு மேல்
20 ற்குக் கீழ் பெண்	46 கி. கிராமிற்கு குறைந்த 46 - 49 கி.கிராம் 49 - 53 கி.கிராம் 53 - 57 கி.கிராம் 57 - 62 கி.கிராம் 62 - 67 கி.கிராம் 67 - 73 கி.கிராம் 73 கி. கிராமிற்கு மேல்

1.3.18.3. ஒரு நிறைவகுதியின் கீழ் ஒரு பாடசாலையிலிருந்து இரு வீர வீராங்கனைகள் மாத்திரமே கலந்துகொள்ளலாம்.

1.3.18.4. மாகாண மட்டத்தில் மேற்கூறிய இரண்டு வயதெல்லைகள் மற்றும் நிறை வகுதியின் கீழ் போட்டிகளை நடாத்தி ஒரு நிறைவகுதியின் கீழ் இருவர் வீதம் தேசிய மட்ட போட்டிகளில் கலந்துகொள்ளச்செய்யலாம்.

- 1.3.18.5. அணைத்து வீர வீராங்கனைகளும் உடற் தகைமை தொடர்பான மருத்துவச் சான்றிதழ்களை அதிபர் நேரடியாக பரீட்சித்துப் பார்த்தமையை உறுதிப்படுத்துவதற்குரிய கடிதமொன்றையும் பெற்றோரின் விருப்புக் கடிதமொன்றையும் நிறையை அளவிடும் சந்தர்ப்பத்தில் சமர்ப்பித்தல் வேண்டும்.
- 1.3.18.6. சர்வதேச டைகொண்டோ சம்மேளனத்தில் விதிமுறைகளுக்கமைவாக சகல போட்டிகளும் நடாத்தப்படும்.

1.3.19. லூசு (ஆண் / பெண்)

1.3.19.1 வயதெல்லைகள்

- 16 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் - (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் - (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.19.2 மூன்று வயதெல்லையினருக்கும் தாலு (Taolu) போட்டி நடைபெறும்.

தாலு (Taolu) பிரிவின் சகல போட்டிகளும் பிரதமமாக மூன்று போட்டி வகைகளில் நடைபெறும். அவை கீழ்வருமாறு.

1.3.19.3 சன்சுவான் தொடர்பான போட்டி வகை (சன்சுவான், தாஷு, குன்சு/ சன்சுவான், ஜியன்சு, வியன்சு) Changquan Combine Event (Changquan, Daoshu, Gunshu/ Changquan, Jianshu, Giangshu)

1.3.19.4 நன்குவான் இணைந்த போட்டி வகை (நன்குவான், நந்தாலு, நங்குன்) Nangquan Combine Event (Nangquan, Nandao, Nangun)

1.3.19.5 தாய்ஜிசுவான் இணைந்த போட்டி வகை (தாய்ஜிசுவான், தாய்விஜியான்) Taijiquan Combine Event (Taijiquan, Taijijian)

1.3.19.6 சன்சுவான் தொடர்பான போட்டி வகை மற்றும் நன்குவான் இணைந்த போட்டி வகை போட்டிகளுக்கான காலம் 1 நிமிடம் 20 செக்கன்கலாகும். தாய்ஜிசுவான் இணைந்த போட்டி வகை போட்டிக்கான காலம் 3-5 நிமிடங்களாகும்.

1.3.19.7 செண்டா (sanda) போட்டி 16 வயதிற்கு கீழ் மற்றும் 16 வயதிற்கு கீழ் மற்றும் 18 வயதிற்கு கீழ் வகையினருக்கும் மாத்திரம் நடைபெறும்.

16 ற்குக் கீழ்	45Kg - 48 Kg 48Kg - 52 Kg 52Kg - 56Kg 56Kg - 60Kg
18 ற்குக் கீழ்	48Kg - 52 Kg 52Kg - 56Kg 56Kg - 60Kg 60Kg - 65Kg

1.3.19.8 போட்டிக்கான காலம் 1 ½ நிமிடம் கொண்ட மூன்று சுற்றுக்களாகும்.

1.3.19.9 போட்டிகளில் கலந்து கொள்ளும் சகல போட்டியாளர்களும் உடற் தகைமை தொடர்பான தமது மருத்துவ சான்றிதழினை அதிபரால் உறுதிப்படுத்தப்பட்ட கடிதத்துடன் பெற்றோரின் விருப்புக் கடிதமொன்றினையும் இணைத்து சமர்ப்பித்தல் வேண்டும்.

1.3.19.10 மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளை பெற்றுக் கொள்ளும் வீர வீராங்கனைகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளலாம்.

- 1.3.19.11 சர்வதேச வுசூ சட்ட விதிமுறைகளுக்கமைய சகல போட்டிகளும் நடைபெறும்.
- 1.3.19.12 ஒரு வயதெல்லையின் கீழ் மூன்று வீர வீராங்கனைகள் கலந்து கொள்ளலாம்.
- 1.3.19.13 ஒரு போட்டியாளர் ஆகக் கூடியது மூன்று போட்டிகளில் மாத்திரமே பங்குபற்றலாம். (குழுப் போட்டி தவிர்த்த)
- 1.3.19.14 குழுப் போட்டியில் (தாஜ்) **Group event** (ஆண் / பெண்) 14 வருடங்களுக்கு மேல் 20 வருடங்களுக்குக் கீழ் 6 முதல் 12 வீர வீராங்கனைகள் கலந்து கொள்ளலாம்.

1.3.20 கூடைப் பந்து (ஆண் / பெண்)

- 1.3.20.1. வயதெல்லைகள்
- 17 ந்துக் கீழ் - (14 வருடங்களுக்கு மேல், 17 வருடங்களுக்கு கீழ்)
 - 20 ந்துக் கீழ் - (17 வருடங்களுக்கு மேல், 20 வருடங்களுக்கு கீழ்)
- 1.3.20.2. ஒரு அணியில் 15 வீர வீராங்கனைகள் அங்கம் வகிக்கலாம்.
- 1.3.20.3. போட்டிக்கான காலம்
- ஆண் / பெண் - 20-05-20 - நிமிடங்கள்
- 1.3.20.4. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளலாம்.
- 1.3.20.5. சர்வதேச கூடைப் பந்து சங்கத்தின் போட்டி விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.21. ஹொகி(ஆண் / பெண்)

- 1.3.21.1. வயதெல்லைகள்
- 20 ந்துக் கீழ் - (14 வருடங்களுக்கு மேல், 20 வருடங்களுக்கு கீழ்)
- 1.3.21.2. ஒரு அணியின் பட்டியலில் 18 பேரின் பெயர்கள் இருக்க வேண்டும் என்பதுடன் அதிலிருந்து போட்டியில் கலந்து கொள்வதற்காக 11 பேர் தேர்ந்தெடுக்கப்பட வேண்டும்.
- 1.3.21.3. போட்டிக் காலம்
25-5-25 நிமிடங்கள்
- 1.3.21.4. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெறும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்து கொள்ளலாம்.
- 1.3.21.5. சர்வதேச ஹொகி போட்டி விதிமுறைகளுக்கமைய போட்டிகள் நடைபெறும்.

1.3.22. உடற்பயிற்சி (ஆண் / பெண்)

- 1.3.22.1. வயதெல்லைகள்
- 14 வருடங்களுக்கு மேல், 20 வருடங்களுக்கு கீழ்
- 1.3.22.2. ஒரு அணியில் அணித் தலைவருடன் சேர்த்து 25 பேர் இருக்க வேண்டும். எனினும் 30 பேர் கொண்ட பட்டியலில் இருந்து போட்டியிடுபவர்களை தெரிவு செய்ய வேண்டும்.
- 1.3.22.3. காலம் 20 நிமிடங்கள்.
- 1.3.22.4. பாடக் குறிப்புகள் கட்டாயம் என்பதுடன் போட்டிக்கு முன்னர் அதனை நடுவர் குழாத்திடம் சமர்ப்பிக்க வேண்டும்.
- 1.3.22.6. பாடக் குறிப்பின் திட்டமிடல்கள் மற்றும் எடுத்த நேரம் (அண்ணளவாக) கீழே குறிப்பிடப்பட்டுள்ளவாறு இருத்தல் வேண்டும்

1.3.22.7. புள்ளி வழங்கல் திட்டம்

செயற்பாடு	காலம் (நிமிடங்கள்)	புள்ளிகள்
• மைதானத்தினுள் பிரவேசித்தல் மற்றும் ஆரம்ப செயற்பாடு	03	04
• உடற் தகைமைப் பயிற்சி	03	15
• திறமைப் பயிற்சி	03	20
• குழுப் பயிற்சி	04	20
• விளையாட்டு	03	18
• நிலை நிறறல் மற்றும் பயணித்தல்	03	15
• களைந்து செல்லுதல்	01	03
• தலைமைத்துவம்	-	05
மொத்தம்	20	100

1.3.22.8. புள்ளி வழங்கும் போது கீழே குறிப்பிடப்பட்டுள்ள விசேட விடயங்கள் தொடர்பாக கவனம் செலுத்தப்படல் வேண்டும்.

- பாடத் திட்டமிடல் - பல்வகைமை, வகுப்புக்களின் போக்கு
- விளையாட்டு மைதானம் மற்றும் கருவிகளின் பயன்பாடு
- பாடக் குறிப்பின் குறிக்கோள் மற்றும் எதிர்பார்ப்புக்களை அடையச் செய்தல்.
- தெரிவு செய்யப்பட்ட செயற்பாடுகளின் தகுதி, துல்லியத் தன்மை மற்றும் பங்குபற்றுகை
- தெரிவு செய்யப்பட்டுள்ள திறமைகளுக்கு ஏற்ற உடைகள் (பாடசாலை சீருடையினை தவிர)
- பாதுகாப்பு மற்றும் ஒழுக்கத்தினைப் பேணுதல்.
- தலைமைத்துவம்
- அணியில் கலந்துகொள்ளும் சகல வீர வீராங்கனைகளும் மைதானத்தில் இருக்க வேண்டும்.
- நிலையில் நிறறல் மற்றும் பயணித்தல் ஆகியன பாடசாலை அணிவகுப்பு போன்று இருத்தல் வேண்டும்.
- விளையாட்டில் திறமையினை தெரிவு செய்யும் போது திறமைகளை 1 முதல் 3 எனும் புள்ளியின் கீழ் பாடத் திட்டமிடல்களை மேற்கொள்ளல்.

1.3.23. வெதர் பந்து கிரிக்கெட் (ஆண்)

1.3.23.1. வயதெல்லைகள்

- 20 நகுக் கீழ் (16 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.23.2. மட்டுப்படுத்தப்பட்ட ஓவர் கொண்ட போட்டியாக நடாத்தப்படும். ஒரு அணிக்கு ஐந்து ஓவர்கள் படி கிடைக்கும்.

1.3.23.3. ஒரு அணியில் 15 வீரர்கள் உள்ளடக்கப்படல் வேண்டும் என்பதுடன் ஒரு தடவையில் 11 போட்டியாளர்களே போட்டியிட முடியும். ஆகக் குறைந்தது 9 போட்டியாளர்களேனும் போட்டியிட வேண்டும்.

1.3.23.4. ஒருவருக்கு ஆகக் கூடியது ஒரு ஓவர் மட்டுமே பந்து செலுத்தலாம்

1.3.23.5. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளை பெற்றுக் கொள்ளும் அணி தேசிய மட்ட போட்டியில் கலந்து கொள்ளலாம்.

1.3.23.6. சர்வதேச கிரிக்கெட் போட்டி சட்ட விதிமுறைகளுக்கு அமைய சகல போட்டிகளும் நடைபெறும்.

1.3.24. அரை மராத்தான் ஒட்டப் போட்டி (ஆண் / பெண்)

1.3.24.1. வயதெல்லைகள்

- 16 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ் இருத்தல் வேண்டும்.

1.3.24.2. தூரம் - 21.0975 கிலோ மீட்டர்கள்.

1.3.24.3. தேசிய மட்ட போட்டிகளில் ஒரு மாகாணத்திலிருந்து ஐம்பது போட்டியாளர்கள் மாத்திரமே கலந்துகொள்ளலாம்.

1.3.24.4. சகல வீர வீராங்கனைகளும் உடற் தகைமை சான்றிதழ் பெற்றுக் கொள்ள வேண்டும்.

1.3.24.5. சகல வீர வீராங்கனைகளும் உடற் தகைமை தொடர்பாக அரசில் பதிவு செய்துள்ள மருத்துவர் ஒருவரிடமிருந்து பெற்றுக் கொண்ட மருத்துவ சான்றிதழ் மற்றும் ஈ.சீ.ஜீ (BCG) இணை அதிபரின் சான்றுப்படுத்தல் மற்றும் பெற்றோரின் விருப்பக் கடிதத்துடன் சமர்ப்பித்தே போட்டி இலக்கத்தினைப் பெற்றுக் கொள்ளலாம்.

1.3.24.6. மேற்படி வயதெல்லை, மருத்துவ பரிசோதனை மற்றும் பயிற்சி தொடர்பான விடயங்களுக்கான ஆவணங்களை பாடசாலையில் ஆவணப்படுத்தி வைப்பதுடன் விளையாட்டுப் பொறுப்பாசிரியரின் மேற்பார்வையின் கீழ் அதிபரால் பிரத்தியேகமான ஒரு கடிதமும் பெற்றோரின் விருப்பக்கடிதமும் சமர்ப்பிக்கப்பட வேண்டும்.

1.3.24.7. அதிபரால் வழங்கப்படும் இக்கடிதத்தினை சமர்ப்பிக்காத வீர வீராங்கனைகளுக்கு போட்டியில் கலந்து கொள்ள சந்தர்ப்பம் வழங்கப்படமாட்டாது.

1.3.25. கைப்பந்து (ஆண் / பெண்)

1.3.25.1. வயதெல்லைகள்

- 17 ற்குக் கீழ் (14 வருடங்களுக்கு மேல் 17 வருடங்களுக்குக் கீழ்)
- 20 ற்குக் கீழ் (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்குக் கீழ்)

1.3.25.2. ஒரு அணிக்கு 14 போட்டியாளர்களைக் கொண்ட பெயர் பட்டியலிடப்பட வேண்டும்..

1.3.25.3. விளையாட்டுத் தளத்தில் விளையாடக் கூடியது 7 போட்டியாளர்களாகும்.

1.3.25.4. போட்டிக்கான காலம்

- 17 ற்குக் கீழ் (ஆண் / பெண்)
15-03-15 நிமிடங்கள்
- 20 ற்குக் கீழ் (ஆண் / பெண்)
20-05-20 நிமிடங்கள்

1.3.25.5. பந்தின் அளவு

- 20 ற்குக் கீழ் ஆண் - size 03
- 20 ற்குக் கீழ் பெண் - size 02
- 17 ற்குக் கீழ் ஆண் - size 02
- 17 ற்குக் கீழ் பெண் - size 02

1.3.25.6. மாகாண மட்டத்தில் முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளைப் பெற்றுக்கொள்ளும் அணிகள் தேசிய மட்ட போட்டிகளில் கலந்துகொள்ளலாம்.

1.3.25.7. சர்வதேச கைப்பந்து போட்டி சட்ட விதிமுறைகளுக்கமைய சகல போட்டிகளும் நடைபெறும்.

1.3.26. கடற்கரை கரப்பந்து (ஆண் / பெண்)

1.3.26.1. வயதெல்லைகள்

- 20 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல், 20 வருடங்களுக்குக் கீழ்)

1.3.26.2. ஒரு அணியில் இரண்டு வீர வீராங்கனைகள் மாத்திரமே உள்ளடக்கப்படலாம். மேலதிக வீர வீராங்கனைகள் இல்லை.

1.3.26.3. வலையின் உயரம் ஆண் - 2.43 மீ
பெண் - 2.24 மீ

1.3.26.4. மூன்று சுற்றுக்களைக் கொண்டதாக இடம்பெறும் மேலும் முதல் இரண்டு சுற்றுக்களும் 21 புள்ளிகளுடன் நிறைவு பெறும் என்பதுடன் இறுதிச் சுற்று 15 புள்ளிகளுடன் நிறைவுபெறும்.

1.3.26.5. சர்வதேச கடற்கரை கரப்பந்து போட்டி சட்ட விதிமுறைகளுக்கமைய சகல போட்டிகளும் நடைபெறும்.

1.3.27. மல்யுத்தம் (ஆண்)

1.3.27.1. போட்டியில் 20 நிறை வகுதிகள் உள்ளன. ஒரு நிறை வகுதிக்கு ஒருவர் என்ற வகையில் 12 நிறை வகுப்புக்களுக்கு போட்டியாளர்களின் பெயர்களை விண்ணப்பத்திரத்தில் குறிப்பிடலாம். ஒரு நிறை வகுதிக்கு ஒரு போட்டியாளர் என்ற வகையில் ஒரு பாடசாலையிலிருந்து ஆகக் கூடியது 12 போட்டியாளர்கள் கலந்து கொள்ளலாம்.

1.3.27.2. இலங்கை பாடசாலை மல்யுத்த சங்கம் மற்றும் இலங்கை மல்யுத்த சங்கத்தின் தரப்படுத்தப்பட்ட வீர வீராங்கனைகளாக இருத்தல் வேண்டும்.

1.3.27.3. எடை அளவீடு மற்றும் மருத்துவ பரிசோதனையின் பின்னர் ஏற்பாட்டுக் குழுவினால் வழங்கப்படும் இறுதி விண்ணப்படிவத்தில் கீழே 1.3.27.6 இல் குறிப்பிடப்பட்டுள்ளதன் படி தமது பாடசாலையிலிருந்து கலந்து கொள்ளும் 12 நிறை வகுப்புக்களுக்கும் பொறுப்பான ஆசிரியரால் பெயர்களை பட்டியலிட்டு மீண்டும் ஏற்பாட்டுக் குழுவிடம் ஒப்படைக்க வேண்டும்.

1.3.27.4. எடை அளவீடு மற்றும் மருத்துவ பரிசோதனைக்கு வருகை தரும்போது அங்கீகரிக்கப்பட்ட மேற்கத்திய வைத்தியர் ஒருவரிடமிருந்து(எடை அளவிடும் திணத்துக்கு முன்னர் 7 நாட்களுக்குள்) பெற்றுக் கொண்ட போட்டியாளர்களின் உடற் தகைமை பற்றிய சான்றிதழினை சமர்ப்பித்தல் வேண்டும். விண்ணப்பப் படிவத்தில் குறிப்பிடப்பட்டுள்ள பெயர் அவ் வைத்திய சான்றிதழிலும் குறிப்பிடப்பட்டிருத்தல் வேண்டும்.

1.3.27.5 சர்வதேச மல்யுத்த போட்டி சட்ட விதிமுறைகளுக்கமைய சகல போட்டிகளும் நடைபெறும்.

1.3.27.6 நிறை வகுதி மற்றும் வயதெல்லை

வயது	நிறை வகுதி (கி.கிராம்)
16 ற்குக் கீழ் (14 வருடங்களுக்கு மேல், 16 வருடங்களுக்கு கீழ்)	30-34 கி.கிராம் 34-38 கி.கிராம் 38-41 கி.கிராம் 41-44 கி.கிராம் 44-48 கி.கிராம் 48-52 கி.கிராம்

வயது	நிறை வகுதி (கி.கிராம்)
18 ற்குக் கீழ் (16 வருடங்களுக்கு மேல், 18 வருடங்களுக்கு கீழ்)	41-45 கி.கிராம் 45-48 கி.கிராம் 48-51 கி.கிராம் 51-55 கி.கிராம் 55-60 கி.கிராம் 60-65 கி.கிராம் 65-71 கி.கிராம்
20 ற்குக் கீழ் (18 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)	50-54 கி.கிராம் 54-57 கி.கிராம் 57-61 கி.கிராம் 61-65 கி.கிராம் 65-70 கி.கிராம் 70-74 கி.கிராம் 74-79 கி.கிராம் 79-86 கி.கிராம்

1.3.28. குத்துச் சண்டை (ஆண் / பெண்)

1.3.28.1. வயதெல்லைகள்

- 20 ற்குக் கீழ் (ஆண்) - (18 வருடங்களுக்கு மேல், 20 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் (ஆண்) - (16 வருடங்களுக்கு மேல், 18 வருடங்களுக்கு கீழ்)
- 16 ற்குக் கீழ் (ஆண்) - (14 வருடங்களுக்கு மேல், 16 வருடங்களுக்கு கீழ்)
- 18 ற்குக் கீழ் (பெண்) - (16 வருடங்களுக்கு மேல் 18 வருடங்களுக்கு கீழ்)

1.3.28.2. சர்வதேச மற்றும் இலங்கை பாடசாலை குத்துச் சண்டை சங்கங்களால் விதிக்கப்பட்டிருக்கும் சட்ட விதிமுறைகளுக்கமைய சகல போட்டிகளும் நடைபெறும்.

1.3.28.3. இப் போட்டியில் புதிய போட்டியாளர்களை கலந்துகொள்ளச் செய்ய முடியாது. போட்டியாளர்கள் ஆகக் குறைந்தது இலங்கை பாடசாலை குத்துச்சண்டை சங்கம் அல்லது இலங்கை குத்துச் சண்டை பயிற்சியாளர் சங்கத்தினால் நடாத்தப் பட்ட போட்டியொன்றில் கலந்து கொண்டு முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகளை பெற்றவர்களாக இருத்தல் வேண்டும்.

1.3.28.4. ஆண்களுக்கான 21 நிறை வகுதிகளுக்காக ஒரு பாடசாலையினை பிரதிநிதித்துவப்படுத்தி பங்குகொள்ளக்கூடிய ஆகக் கூடிய போட்டியாளர்களின் எண்ணிக்கை எட்டு மட்டுமே என்பதுடன் பெண்களுக்கான 5 நிறை வகுதிகளுக்காக ஒரு பாடசாலையை பிரதிநிதித்துவப்படுத்தி கலந்து கொள்ளக்கூடிய ஆகக் கூடிய போட்டியாளர்களின் எண்ணிக்கை இரண்டாகும்.

1.3.28.5. விண்ணப்பப்படுத்திவங்களை அனுப்பிவைக்கும் போது போட்டியாளர்கள் சிறந்த தேகாரோக்கியத்துடன் இருக்கின்றனர் என்பதனை உறுதிப்படுத்த போட்டிக்கு மிகவும் அண்மித்த தினமொன்றில் மருத்துவர் ஒருவரிடமிருந்து பெற்றுக் கொள்ளப்பட்ட AIBA மருத்துவ சான்றிதழ் மற்றும் மருத்துவ அறிக்கைப் புத்தகத்தில் பேணப்படும் மருத்துவ அறிக்கையினை சமர்ப்பித்தல் கட்டாயமாகும்.

1.3.28.7. நிறை வகுதிகள் மற்றும் வயதெல்லைகள் கீழே வருமாறு.

வயதெல்லைகள்	நிறை வகுதி
16 ற்குக் கீழ் (ஆண்)	44 – 46 கி.கிராம் 46 – 48 கி.கிராம் 48 – 50 கி.கிராம் 50 – 52 கி.கிராம் 52 – 54 கி.கிராம்
18 ற்குக் கீழ் (ஆண்)	46 – 49 கி.கிராம் 49 – 52 கி.கிராம் 52 – 56 கி.கிராம் 56 – 60 கி.கிராம் 60 – 64 கி.கிராம் 64 – 69 கி.கிராம் 69 – 75 கி.கிராம் 75 – 81 கி.கிராம்
18 ற்குக் கீழ் (பெண்)	45 – 48 கி.கிராம் 48 – 51 கி.கிராம் 51 – 54 கி.கிராம் 54 – 57 கி.கிராம் 57 – 60 கி.கிராம்
20 ற்குக் கீழ் (ஆண்)	46 – 49 கி.கிராம் 49 – 52 கி.கிராம் 52 – 56 கி.கிராம் 56 – 60 கி.கிராம் 60 – 64 கி.கிராம் 64 – 69 கி.கிராம் 69 – 75 கி.கிராம் 75 – 81 கி.கிராம்

1.3.29. ஜலடோ (ஆண் / பெண்)

1.3.29.1 வயதெல்லைகள்

- 17 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல், 17 வருடங்களுக்குக் கீழ்)
- 20 ற்குக் கீழ் - (17 வருடங்களுக்கு மேல், 20 வருடங்களுக்குக் கீழ்)

1.3.29.2 இலங்கை பாடசாலை ஜலடோ சங்கம் அல்லது இலங்கை ஜலடோ சங்கத்தின் தரப்படுத்தப்பட்ட வீர வீராங்கனைகளாக இருக்க வேண்டும்.

1.3.29.3 சகல வீர வீராங்கனைகளும் தமது உடற் தகைமையினை உறுதிப்படுத்துவதற்காக ஒரு வருட காலப்பகுதியில் அரசினால் அங்கீகரிக்கப்பட்ட மேற்கத்திய வைத்தியர் ஒருவரால் வழங்கப்படும் மருத்துவ சான்றிதழ் ஒன்றினை சமர்ப்பித்தல் வேண்டும்.

1.3.29.4 ஒரு நிறை வகுதியின் கீழ் ஒரு பாடசாலையிலிருந்து இரண்டு போட்டியாளர்கள் மாத்திரமே கலந்து கொள்ள முடியும்.

1.3.29.5 நிறை வகுதிகள்

வயதெல்லைகள்	ஆண்	பெண்
17 ற்குக் கீழ்	35 கி.கிராம்	36 கி.கிராம்
	40 கி.கிராம்	40 கி.கிராம்
	45 கி.கிராம்	44 கி.கிராம்
	50 கி.கிராம்	48 கி.கிராம்
	55 கி.கிராம்	52 கி.கிராம்
	55 கி.கிராமிற்கு மேல்	52 கி.கிராமிற்கு மேல்
20 ற்குக் கீழ்	45 கி.கிராம்	44 கி.கிராம்
	50 கி.கிராம்	48 கி.கிராம்
	55 கி.கிராம்	52 கி.கிராம்
	60 கி.கிராம்	57 கி.கிராம்
	66 கி.கிராம்	63 கி.கிராம்
	73 கி.கிராம்	70 கி.கிராம்
	73 கி.கிராமிற்கு மேல்	70 கி.கிராமிற்கு மேல்
	திறந்த	திறந்த

1.3.29.6 ஆண் / பெண்களுக்கான போட்டி நடைபெறும் நேரம் 05 நிமிடங்களாகும்.

1.3.29.7 35, 36 கி. கிராம் நிறை வகுதியில் ஆண்/ பெண்களுக்கான சொக்லொக் (CHOKELock) மற்றும் ஆம்லொக் (ARMLOCK) முறைகளை உபயோகப்படுத்துவது தடை செய்யப்பட்டுள்ளது

1.3.30. டெனிஸ் (ஆண் / பெண்)

1.3.30.1 வயதெல்லைகள்

- 17 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல், 17 வருடங்களுக்குக் கீழ்)
- 20 ற்குக் கீழ் - (17 வருடங்களுக்கு மேல், 20 வருடங்களுக்குக் கீழ்)

1.3.30.2 இரண்டு ஒற்றையர் போட்டிகளும் ஒரு இரட்டையர் போட்டியையும் இச்சுற்றுப் போட்டி கொண்டுள்ளது.

1.3.30.3 ஒற்றையர் போட்டியில் கலந்து கொள்பவர்களுக்கு இரட்டையர் போட்டியில் கலந்து கொள்ள முடியாது.

1.3.30.4 ஒரு அணிக்கு 6 பேர் கொண்ட பட்டியலினை தயாரித்து போட்டியாளர்களை அப்பட்டியலில் இருந்து தேர்ந்தெடுக்க வேண்டும்.

1.3.30.5 சர்வதேச டெனிஸ் போட்டி சட்ட விதிமுறைகளுக்கமைய சகல போட்டிகளும் நடைபெறும்.

1.3.31. பாரம் தூக்கல் (ஆண் / பெண்)

1.3.31.1 வயதெல்லைகள் -

- 17 ற்குக் கீழ் - (14 வருடங்களுக்கு மேல் 17 வருடங்களுக்கு கீழ்)
- 20 ற்குக் கீழ் - (17 வருடங்களுக்கு மேல் 20 வருடங்களுக்கு கீழ்)

1.3.31.2 நிறை வகுதிகள்

வயதெல்லை	நிறை வகுதிகள்
17 ற்குக் கீழ் ஆண்	49,55,61,67,73,81,89,96,102,102+ கி.கிராம்
17 ற்குக் கீழ் பெண்	40,45,49,55,59,64,71,76,81,81+ கி.கிராம்
20 ற்குக் கீழ் ஆண்	55,61,67,73,81,89,96,102,109,109+ கி.கிராம்
20 ற்குக் கீழ் பெண்	45,49,55,59,64,71,76,81,87, கி.கிராம் 87+

1.3.31.3. ஒரு வயதெல்லையின் கீழ் பன்னிரண்டு (12) போட்டியாளர்கள் விண்ணப்பிக்க முடியும் என்பதுடன் பத்து (10) பேர் மட்டுமே போட்டியிட முடியும். இரண்டு போட்டியாளர்கள் மேலதிக போட்டியாளர்களாவர், ஒரு நிறைவகுதியின் கீழ் ஆகக் கூடியது இரண்டு (02) போட்டியாளர்கள் கலந்து கொள்ளலாம்.

1.3.31.4. ஆரம்ப முயற்சி

- பெண்களுக்கான ஆகக் குறைந்த நிறை 21 கி. கிராம்களாகும். (21Kg)
- ஆண்களுக்கான ஆகக் குறைந்த நிறை 26 கி.கிராம்களாகும். (26Kg)
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1.3.31.5. உடல் எடை அளவீடல்

போட்டி ஆரம்பிக்க இரண்டு மணி (02) நேரங்களுக்கு முன்னர் எடை அளவீடல் ஆரம்பிக்கப்பட வேண்டும். முதல் மணித்தியாலத்தில் உரிய நிறை வகுதிக்குரியதாக சரியாக நிறை வழங்கப்படவேண்டும் என்பதுடன் அவ்வாறு செய்யாத போட்டியாளர்கள் போட்டியிலிருந்து நீக்கப்படுவர்.

1.3.31.6. போட்டியாளர்களின் உடை

போட்டியாளர்கள் பாரம் தூக்கும் போட்டிக்காக உபயோகப்படுத்தும் உடைகளை (Lifting Kit) பாவிப்பது கட்டாயமாகும். ஆடையின் மேற் பகுதி மற்றும் கீழ் பகுதி வேறாக இருக்கக் கூடிய விதமாக ஆடை அணிவது முயற்சி தோல்வியடைய காரணமாகும்.

பாரம் தூக்கும் போட்டிக்கு மிகவும் உகந்த பாதணிகளை அணிவது கட்டாயமாகும்.

1.3.31.7. விண்ணப்பங்களை சமர்ப்பித்தல்

இறுதி விண்ணப்பப்படிவத்தினை போட்டி நடைபெறுவதற்கு முந்திய தினம் முப 6.00 மணிக்கு முன்னர் ஏற்பாட்டுக் குழுவிடம் கையளிக்க வேண்டும். அவ்வாறு வழங்கத் தவறும் பட்சத்தில் அவ் அணிகளின் முதல் விண்ணப்பப்படிவமே இறுதி விண்ணப்படிவமாக கருதப்படும்.

1.3.31.8. சகல போட்டிகளும் சர்வதேச பாரம் தூக்கல் சட்ட விதிமுறைகளுக்கமையவே நடைபெறும்.

1.3.32. சைக்கிளோட்டப் போட்டி (ஆண் / பெண்)

1.3.32.1. வயதெல்லைகள் -

- 20 ற்குக் கீழ் - (16 வருடங்களுக்கு மேல், 20 வருடங்களுக்குக் கீழ்)

1.3.32.2. தூரம்

- ஆண் - 30 கி.மீ
- பெண் - 20 கி.மீ

1.3.32.3. சைக்கிளின் பின்பக்கம் உள்ள பற்சக்கரம் (ப்ரீ வீல்) 18 பற்களைக் கொண்டிருக்க வேண்டும். முன் பகுதியிலுள்ள பற்சக்கரம் (கொக்வீல்) இல் 48 பற்கள் இருத்தல் கட்டாயமாகும்.

1.3.32.4. தேசிய மட்ட போட்டிக்கு ஒரு மாகாணத்திலிருந்து எந்த எண்ணிக்கையிலேனும் போட்டியாளர்கள் கலந்து கொள்ளலாம்.

1.3.32.5. வீர வீராங்கனைகள் கட்டாயம் பாதுகாப்புத் தலைக்கவசம் அணிதல் வேண்டும்.

1.3.32.6. சகல போட்டியாளர்களும் தமது உடற் தகைமை பற்றி எம்.பீ.பீ.எஸ் மருத்துவர் ஒருவரிடமிருந்து பெற்றுக் கொண்ட மருத்துவ அறிக்கை மற்றும் ஈ.சீ.ஜீ (ECG) இணை அதிபரின் சான்றுப்படுத்தல் மற்றும் பெற்றோர்களின் விருப்பக் கடிதம் ஆகியனவற்றை போட்டி இலக்கம் பெற்றுக் கொள்ளும்போது சமர்ப்பித்தல் வேண்டும்.

2. அகில இலங்கை பாடசாலை அஞ்சலோட்டப் போட்டி

2.1. வயதெல்லைகள்

தேசிய மட்டத்தில் நடைபெறும் இச்சுற்றுப் போட்டிகள் பின்வரும் வயதெல்லைகளின் கீழ் நடைபெறும்.

- 12 ற்குக் கீழ் ஆண் / பெண்
- 14 ற்குக் கீழ் ஆண் / பெண்
- 16 ற்குக் கீழ் ஆண் / பெண்
- 18 ற்குக் கீழ் ஆண் / பெண்
- 20 ற்குக் கீழ் ஆண் / பெண்

2.2 12 வயதிற்குக் கீழ் போட்டிகளுக்கு முதலாம், இரண்டாம் மற்றும் மூன்றாம் நிலைகள் வீர வீராங்கனைகளுக்கு வழங்கப்படாது என்பதுடன் தேசிய தகைமை மட்டத்தை தாண்டும் வீர வீராங்கனைகளுக்கு நிறமைச் சான்றிதழ்கள் வழங்கப்படும். தகைமை மட்டத்தைத் தாண்டும் ஒவ்வொரு சந்தர்ப்பத்திலும் அப் பாடசாலைக்கு 01 புள்ளி வீதம் வழங்கப்படும்.

2.3. போட்டி நிகழ்ச்சிகள்

2.3.1 12 ற்குக் கீழ் ஆண் / பெண் (10 வருடங்களுக்கு மேல் – 12 வருடங்களுக்குக் கீழ்)

ஆண்	பெண்
50 மீட்டர் X 4	50 மீட்டர் X 4
100 மீட்டர் X 4	100 மீட்டர் X 4

2.3.2. 14 ற்குக் கீழ் ஆண் / பெண்
(12 வருடங்களுக்கு மேல் - 14 வருடங்களுக்குக் கீழ்)

ஆண்	பெண்
50 மீட்டர் X 4	50 மீட்டர் X 4
100 மீட்டர் X 4	100 மீட்டர் X 4
200 மீட்டர் X 4	200 மீட்டர் X 4

2.3.3. 16 ற்குக் கீழ் ஆண் / பெண்
(14 வருடங்களுக்கு மேல் - 16 வருடங்களுக்குக் கீழ்)

ஆண்	பெண்
100 மீட்டர் X 4	100 மீட்டர் X 4
200 மீட்டர் X 4	200 மீட்டர் X 4
400 மீட்டர் X 4	400 மீட்டர் X 4
மெட்லி அஞ்சல் - (100,200,300,400 மீட்டர்)	மெட்லி அஞ்சல் - (100,200,300,400 மீட்டர்)

2.3.4. 18 ற்குக் கீழ் ஆண் / பெண்
(16 வருடங்களுக்கு மேல் - 18 வருடங்களுக்குக் கீழ்)

ஆண்	பெண்
100 மீட்டர் X 4	100 மீட்டர் X 4
200 மீட்டர் X 4	200 மீட்டர் X 4
400 மீட்டர் X 4	400 மீட்டர் X 4
800 மீட்டர் X 4	800 மீட்டர் X 4
மெட்லி அஞ்சல் - (100,200,300,400 மீட்டர்)	மெட்லி அஞ்சல் - (100,200,300,400 மீட்டர்)

2.3.5 . 20 ற்குக் கீழ் ஆண் / பெண்
(18 வருடங்களுக்கு மேல் - 20 வருடங்களுக்குக் கீழ்)

ஆண்	பெண்
100 மீட்டர் X 4	100 மீட்டர் X 4
200 மீட்டர் X 4	200 மீட்டர் X 4
400 மீட்டர் X 4	400 மீட்டர் X 4
800 மீட்டர் X 4	800 மீட்டர் X 4
மெட்லி அஞ்சல் - (100,200,300,400 மீட்டர்)	மெட்லி அஞ்சல் - (100,200,300,400 மீட்டர்)

- 2.4. ஒரு அஞ்சலோட்டப் போட்டிக்கு ஒரு பாடசாலையிலிருந்து ஒரு அணி மட்டுமே கலந்து கொள்ளலாம்.
- 2.5. பந்தி இலக்கம் 2.3 போட்டிகளுக்கு பாடசாலைகளிலிருந்து சமர்ப்பிக்கப்படும் அஞ்சல் ஒட்டப் போட்டிக்குரிய விண்ணப்பப்படிவங்கள் அம் மாகாணத்தின் விளையாட்டு பி.க.ப/ உ.க.ப இனால் மே மாதம் 30ம் திகதிக்கு முன்னர் கல்வி அமைச்சின் விளையாட்டு மற்றும் உடற்கல்விக் கிளைக்கு அனுப்பிவைக்கப்படல் வேண்டும்.

பேராசிரியர் கே. கபில், சீ, கே பெரேரா
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