

APPLICATION FOR A RECORD - ALL EVENTS

To: The Records Officer, Athletics Australia

APPLICATION IS HEREBY MADE FOR AN AUSTRALIAN RECORD, IN SUPPORT OF WHICH THE FOLLOWING INFORMATION IS SUBMITTED: (Please type or use block capitals)

RECORD TYPE (PLEASE CLEARLY INDICATE RECORD TYPE)

Combined Events

Field Record

Out of Stadia Record

Track Record

1. Event: _____

2. Class: **Men** **All Comers** **U/20**

Women **National** **ABLE ONLY U/18**
ABLE ONLY U/16

Indoor **PARA ONLY U/17**
PARA ONLY U/15

DISABILITY CLASSIFICATION _____

3. Record claimed (performance) _____

4. Full Name of Competitor

Date of Birth

Date of Birth

Date of Birth

Date of Birth

(For Relay events, the full names and dates of birth of all team members are required in order of running)

5. Competitor's State and Club (or Country if appropriate) _____

6. Competitor's Country of Citizenship _____

7. Date

Time a.m. / p.m.

8. Where held (Gound, City, Town or State) _____

GUARANTEE BY REFEREE

9. I hereby certify:-

That all the information recorded in this form is accurate.

That all the appropriate World Athletics (WA) and Australian Rules of competition were complied with.

Name of Referee (BLOCK CAPITALS)

Address

Signature of Referee

Date

FIELD JUDGES' CERTIFICATE

10. We hereby certify that the measurement stated opposite our respective signatures is exact as measured in accordance with WA Rules.

We also certify that the implement used and circle or runaway complied with WA specifications.

(BLOCK CAPITALS)

Distance or Height

Name

Signature

Distance or Height

Name

Signature

Distance or Height

Name

Signature

WIND GAUGE (Track, Long Jump and Triple Jump only)

11. Force and direction of wind _____
Operator's Name (BLOCK CAPITALS) _____ Signature _____

GUARANTEE BY TECHNICAL MANAGER FOR FIELD EVENTS

12. I hereby certify:-

The Implement was correctly weighed after the event: Weight measured _____
The Tape used was tested on ____/____/____ and the variation from standard was _____
Name of Technical Manager (BLOCK CAPITALS) _____
Address _____
Signature _____ Date _____

TIMEKEEPER'S CERTIFICATE - FOR TRACK/OUT OF STADIA EVENTS

13. I, the undersigned official timekeeper of the event mentioned on this form do hereby certify that the time set opposite by signature was the exact time by my watch and that the watch used by me has been certified and approved by my State Association

| WATCH NUMBER | TIME | NAME | SIGNATURE |
|--------------|------|------|-----------|
| | | | |
| | | | |
| | | | |

CHIEF TIMEKEEPER FOR TRACK AND OUT OF STADIA EVENTS

14. I confirm the above Timekeepers exhibited their watches to me and that the times were stated
Name _____ Signature _____
(BLOCK CAPITALS) (Chief Timekeeper)

ELECTRONIC TIMING FOR TRACK AND OUT OF STADIA EVENTS

15. A fully automatic timing device was used: Its trade name was _____
The time recorded was _____ and this was the official time.

(A print of the Photo-Finish must be enclosed)

The above device has been approved by Athletics Australia.

Name _____ Signature _____
(BLOCK CAPITALS) (Chief Photo Finish Judge)

SHOE APPROVAL

16. World Athletics Approved Footwear was worn. Brand was: _____
Model of Shoe was: _____

The above footwear has been approved by the relevant Referee

Name _____ Signature _____
(BLOCK CAPITALS) (Referee)

COURSE MEASURER'S CERTIFICATE (Out of Stadia only)

17. I hereby certify that the course was measured by an Athletics Australia/AIMS qualified course measurer.

I have attached the relevant course measurers certificate:

Technical Manager Name _____ Signature _____
(BLOCK CAPITALS)

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES:

18. State of Weather _____ Condition of track or runway _____
Type of track or runway _____

RESULT OF COMPETITION

19. The names of the first three competitors and their performances were as follows:-

| Place | Name | Performance |
|-------|------|-------------|
| 1st | | |
| 2nd | | |
| 3rd | | |

REPORT - RECORDS OFFICER

20. I have investigated the performances claimed, and recommend that the record be granted/not granted

Signature of Records Officer _____

Date _____

RECORD CERTIFICATE

21. Would you like to be presented with an Athletics Australia Record certificate? Yes/ No

If YES, Please provide your contact details so the certificate can be mailed to you.

Name: _____

Address: _____

Postcode: _____

Contact:

For further information contact:

Athletics Australia Competitions Department

Level 2 Athletics House, 31 Aughtie Drive, Albert Park 3206

E-Mail: annie.gallacher@athletics.org.au

Phone: (03) 8646 4550