



ADAPTIVE TRACK & FIELD USA(ATFUSA) PROOF OF PERFORMANCE -2024
 (for athletes attending USATF, NCAA, or High School Athletic Association sanctioned meets)

Criteria

1. No records can be set unless the meet is pre-approved by ATFUSA
2. The athlete must contact the meet director and notify them that they will asking them to complete this form.
3. Adaptive rules if needed are available at: <http://www.paralympic.org/athletics/rules> and www.atfusa.org
4. Mail form to: **P. Galli ATFUSA Proof of Performance, 9 Boulder Lane, Orleans MA 02653.** or
 E-Mail the PDF of this form to: philg1234@comcast.net

Athlete Information

Name _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date of Birth (mo/day/yr) _____

Email _____

Classification (if known) _____ Permanent Disability: Yes _____ No _____

Event Information

Name of Meet: _____

Date (mo/day/yr) _____ Location _____

Sanctioned by: WPA ___ USATF ___ NCAA ___ State HS ___ Other _____ Was FAT* Used _____

Event 1 _____ Time/Distance _____

Wind Reading (100m, 200m, Long jump, Triple jump): _____ Implement Wt. _____

Event 2 _____ Time/Distance _____

Wind Reading (100m, 200m, Long jump, Triple jump): _____ Implement Wt. _____

Event 3 _____ Time/Distance _____

Wind Reading (100m, 200m, Long jump, Triple jump): _____ Implement Wt. _____

Event 4 _____ Time/Distance _____

Wind Reading (100m, 200m, Long jump, Triple jump): _____ Implement Wt. _____

Event 5 _____ Time/Distance _____

Wind Reading (100m, 200m, Long jump, Triple jump): _____ Implement Wt. _____

*Fully Automatic Timing

VERIFICATION (The official verification must be signed by the Meet Director or Head Official)

I, _____ (print name), witnessed the above performance(s), and hereby verify that the
 aforementioned athlete has performed at the above level.

 Signature Date Phone number

 Title Official certification # (if applicable)

Send completed forms to: P. Galli, Proof of Performance, 9 Boulder Lane, Orleans, MA 02653