**ADAPTIVE TRACK & FIELD USA**

**TRACK RECORD APPLICATION FORM**

Reference must be made to the **current** edition of the WPA Athletics/ATFUSA Rule Book WPA: 20/24 ATFUSA:2024

# USA MASTER: 35 50 60 USA OPEN/ADULT JUNIOR U-\_\_\_\_\_\_\_

**AMERICAS OR WORLD** – **MUST complete WPA Record Form]**

**NAME OF COMPETITOR:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Family (Last) Name

# GENDER: M F CLASSIFICATION: T- \_\_\_\_\_\_\_\_ BIRTH YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_ USA CITIZEN? Yes No

# 

**MEET:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MEET DATE(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EVENT VENUE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EVENT DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT:** ☐20m ☐60m weave ☐60m ☐100m ☐200m ☐400m ☐800m ☐1500m ☐3000 ☐5000m ☐10000m ☐1/2M ☐Marathon

☐4x100m ☐4x400m ☐800m medley ☐Universal

## PERFORMANCE:

**RELAY EVENTS:** List competitors in running order.

## 1.

**WIND SPEED:** (m/sec) (races 200m or less)

## 3.

**2. 4.**

**THIS SECTION FOR TIMEKEEPER CERTIFICATE**

Complete Section 1 **OR** Section 2 (as appropriate).

1. A fully automatic, correctly aligned timing system was used. A satisfactory zero control test was performed. I confirm the time above.

Name of Electronic Timekeeper: Signature:

**Make of Timing Device: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. We certify that we were official timekeepers of the above event and that the exact time recorded on our watches for the competitor concerned was: (Hand Timing allowed for races **longer than 1500m**)

|  |  |  |
| --- | --- | --- |
| **Time** | **Name** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |

I confirm that the official time for the competitor named was:

## Name of Chief Timekeeper: Signature:

**THIS SECTION FOR STARTER CERTIFICATE**

I certify that the start of the race was in accordance with the relevant rules.

## Name of Starter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS SECTION FOR TRACK REFEREE**

**EXACT LENGTH OF COURSE:** 20m, and 60m events were measured with a steel tape on the day of meet ☐Yes ☐No N/A

I hereby certify that the above is an accurate, that the officials were duly qualified and the appropriate rules of competition were complied with.

## Name Track Referee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete and mail the application form and supporting paperwork within 14 days of completion of competition to:

Jim Strunk

ATFUSA, Records Chairperson

64 Chicory Lane

Pennington, NJ 08534

1/7/2024 R1