



**ADAPTIVE TRACK & FIELD USA(ATFUSA) PROOF OF PERFORMANCE -2019**  
 (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](http://www.atfusa.org)
4. Mail form to: **P. Galli ATFUSA Proof of Performance, 1421 Orleans Rd., PMB263, E. Harwich MA 02645.**  
 E-Mail 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: IPC \_\_\_ 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, 1421 Orleans Rd, PMB263, E. Harwich, MA 02645**