**ADAPTIVE TRACK & FIELD USA**

**TRACK RECORD APPLICATION FORM**

Reference must be made to the **current** edition of the WPA Athletics/ATFUSA Rule Book WPA: 20/23 ATFUSA:2023

# 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)(all races 200 m or less)

## 3.

**2. 4.**

**THIS SECTION FOR TIMEKEEPER CERTIFICATE**

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

1. A fully automatic, correctly aligned, electrical timing device was used and 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 record of the measurement made at the time of the meet and that the officials conducting the event 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

Updated 08-2/14/2023