APPLICATION FOR A RECORD - FIELD EVENT

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)

1. Event: __________________________________________________________________________________

2. Class:  
   - Men  
   - All Comers  
   - U/20  
   - Women  
   - National  
   - U/18  
   - Indoor  
   - U/16

   DISABILITY CLASSIFICATION: __________________________________________________________________

3. Record claimed (performance) __________________________________________________________________

4. Full Name of competitor __________________________ Date of Birth ____/____/____

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

6. Competitor's Country of Citizenship _____________________________________________________________

7. Date and time ____/____/____ ________/____ a.m. / p.m.

8. Where held (Ground, City, Town or State) _______________________________________________________

9. I hereby certify:-
   That all the information recorded in this form is accurate.
   That all the appropriate I.A.A.F. and Australian Rules of competition were complied with.

   Name of Referee (BLOCK CAPITALS) __________________________ Address __________________________

   Signature of Referee __________________________ Date ____/____/____

   We hereby certify that the measurement stated opposite our respective signatures is exact as measured in accordance with IAAF Rules.
   We also certify that the implement used and circle or runway complied with IAAF specifications.

   __________ Distance or Height __________ Name __________________ Signature __________________
   __________ Distance or Height __________ Name __________________ Signature __________________
   __________ Distance or Height __________ Name __________________ Signature __________________

10. We hereby certify that the measurement stated opposite our respective signatures is exact as measured in accordance with IAAF Rules.
    We also certify that the implement used and circle or runway complied with IAAF specifications.

    (BLOCK CAPITALS)

   __________ Distance or Height __________ Name __________________ Signature __________________
   __________ Distance or Height __________ Name __________________ Signature __________________
   __________ Distance or Height __________ Name __________________ Signature __________________

11. Force and direction of wind __________

   Operator's Name (BLOCK CAPITALS) __________________ Signature __________________

12. I hereby certify that the lateral inclination of the runway did not exceed 1:100 and in the running direction 1:1000 (Rule 160.6).
    We also certify that the ground where the implement landed was not lower than the runway or circle or that the level of the

SURVEYORS’ OR MEASURERS’ CERTIFICATE FOR FIELD EVENTS

12. I hereby certify that the lateral inclination of the runway did not exceed 1:100 and in the running direction 1:1000 (Rule 160.6).
    We also certify that the ground where the implement landed was not lower than the runway or circle or that the level of the
Long Jump or Triple Jump landing area was not lower than the take off board.

(Name BLOCK CAPITALS)  (Qualification)  (Signature)

GUARANTEE BY TECHNICAL MANAGER

13. 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 _____/_____/_____  

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES:

State of Weather_____________________________________
Condition of track or runway______________________________

Type of track or runway_______________________________

RESULT OF COMPETITION

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

1st_______________________________________________________                     ________________________
2nd_______________________________________________________                     ________________________
3rd_______________________________________________________                     ________________________

REPORT - RECORDS OFFICER

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

Signature of Records Officer_______________________________ Date _____/_____/_____ 

RECORD CERTIFICATE

16. 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:

MANDATORY SUPPORTING DOCUMENTS TO ACCOMPANY THIS RECORD APPLICATION:
A programme of the meeting
Copy of All Results
Wind Readings (if applicable)