



# Canadian Masters Athletics Application for Track Record

(NOT RACE WALKS)

Individual Track records to: **Rob Jackson** - 609-270 Rookwood Avenue, Fredericton, NB, E3B 1A2 [robertjacksonlawyer@gmail.com](mailto:robertjacksonlawyer@gmail.com)  
Relay records to: **Urith Hayley** - Email: [verona.hayley@shaw.ca](mailto:verona.hayley@shaw.ca)

## EVENT FOR WHICH RECORD IS APPLIED:

Event (e. g., 100m, 4 x 100 Relay) \_\_\_\_\_ Male/Female \_\_\_\_\_  
Indoor/Outdoor \_\_\_\_\_ 5-Year Age Group \_\_\_\_\_

**ATHLETE:** Name in Full (Print) \_\_\_\_\_

Address in Full \_\_\_\_\_

Nationality/Residence Status \_\_\_\_\_ AC/CMA Membership # \_\_\_\_\_

Date of Birth: Day \_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_ **Note: Provide copy of Proof**

Email \_\_\_\_\_ **of Age if not on file.**

**MEET NAME/TITLE:** \_\_\_\_\_

Location: Venue/Arena \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Date Record Set \_\_\_\_\_

## STARTER'S CERTIFICATION:

I hereby certify that the start was in accordance with IAAF Rules as modified by WMA bylaws.

Name \_\_\_\_\_ Signature \_\_\_\_\_

## TIMEKEEPER'S CERTIFICATION (Distances over 800m):

I confirm that the timekeepers exhibited their watches to me and that the times were as stated.

Watch #1 \_\_\_\_\_ Watch #2 \_\_\_\_\_ Watch #3 \_\_\_\_\_

Chief Timekeeper or Referee: Name \_\_\_\_\_ Signature \_\_\_\_\_

## ELECTRONIC TIMING (Photo timing is required for all distances 800m and under):

Automatic timing device used: \_\_\_\_\_

Photo-finish print attached: yes/no \_\_\_\_\_ I hereby certify that the recorded time was: \_\_\_\_\_

I also certify that the Zero Test Procedure was carried out before the day's events.

Chief Photo-finish judge: Name \_\_\_\_\_ Signature \_\_\_\_\_

**WIND GAUGE:** The wind speed in the direction of running was \_\_\_\_\_ metres/second (+/-).

## RELAYS: List each athlete in order of running (Name, Age, Date of Birth, City of Residence):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**MEET DIRECTOR'S STATEMENT:** I hereby certify that the officiating for this event was done by qualified competent officials and that all information stated is correct to the best of my knowledge. I recommend ratification of this record.

Meet Director's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach a copy of the program, results and finish photo.