



Canadian Masters Athletics Application for Jumps Record



Send form to:
Indoor/Outdoor Jumps Records
c/o **Rob Jackson**
401 – 1 Golf Green Lane
Fredericton NB E3B 9T9
rjactm@nb.aibn.com

INDOOR/OUTDOOR _____	Male/Female _____
Event _____	Age Group _____
ATHLETE:	
NAME in full: _____	
ADDRESS: _____	
NATIONALITY/RESIDENCE STATUS _____	AC/CMA # _____
DATE OF BIRTH: _____	Day _____ Month _____ Year _____ Age _____
EMAIL: _____	
MEET	
TITLE: _____	

LOCATION: City _____ Country _____
DATE OF RECORD: _____ Note: Send copy of proof of age if not on file.

FIELD JUDGES CERTIFICATION

We certify that the measurement recorded is exactly in accordance with IAAF/WMA rules and that the runway/ sector/ equipment comply with IAAF/WMA specifications.

_____ metres	Name _____	Signature _____
_____ metres	Name _____	Signature _____
_____ metres	Name _____	Signature _____
WIND GAUGE (Long and Triple Jump)		
The wind in the direction of running was: _____ metres/ second+/-.		
Note any irregularities: _____		
Include Field Sheets		

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: _____
Include a copy of the results and program. _____	

Office Use: Reference # _____	Date Processed: _____	Signed: _____
-------------------------------	-----------------------	---------------