NATIONAL RECORD FORM

Category: **Senior** ☐ **U-23** ☐ **U-20** ☐ | **Short Track** ☐
U-18 ☐ **U-16** ☐ **Standard Track/Road** ☐

ATHLETE / RESULT INFO

Athlete's name: _____

Birth Date: _____ Team: _____

Date: _____ Event: _____ Result: _____ Wind measurement (i.a.): _____

Competition: _____ Venue: _____

Relay order (if applicable):

1 _____ 2 _____

3 _____ 4 _____

OFFICIALS

Starter's name (if applicable): _____

Technical manager's name (if applicable): _____

Timing Chief Judge's name (if applicable): _____

Race Walking Chief Judge's name (if applicable): _____

DOPING CONTROL

I certify that the aforementioned athlete (or athletes) carried out the procedures corresponding to doping control. The entity responsible for it was: _____

Official's name: _____ Signature: _____

Observations: _____

SHOES

Shoe's Brand and model: _____

*At least one clear photograph of the shoes used by the athlete(s) must be attached to this form.

DOCUMENTATION

The following information is attached in addition to this fully completed form:

- A complete results sheet of the event where the record was achieved (with reaction times, if applicable).
- A copy of the Photo Finish image of the race with time reading / or manual timesheets.
- A copy of the Zero Gun image.
- Summary sheet of the Race Walking Chief Judge (if applicable).
- Field sheet in the case of being a record achieved in a field event.
- EDM / VDM device control form if used.
- Certification of the Technical Manager that guarantees the regulatory suitability of the equipment used in the event.
- In the case of a combined event record, the information indicated above for all events.

REFEREE

I certify that all the conditions are according to RFEA / WA Competition Rules:

Referee's name: _____ Date: _____ Signature: _____

Note: _____