



Track and Road Event (Running)

Application for recognition of Deaf European Record – Track and Road Event (Running): Application is hereby made for a Deaf EDSO Record, in support of which the following information is submitted *(please print)* If World Record, please **use ICSD** record form.

| GENERAL INFORMATION | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Running Event | | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Junior <input type="checkbox"/> Men <input type="checkbox"/> Women |
| Date of Meeting (Day/Month/Year) | Time of Event (AM/PM) | Performance Record Claimed: : : . |
| Name of Meeting | Name of Stadium | City and Country |
| Competitor - Full Name (If relay events, names in order running) | Birth Date (Day/Month/Year) | Competitor - Country |
| Competitor - Full Name | Birth Date (Day/Month/Year) | Competitor - Country |
| Competitor - Full Name | Birth Date (Day/Month/Year) | Competitor - Country |
| Competitor - Full Name | Birth Date (Day/Month/Year) | Competitor - Country |
| STARTER | | |
| I certify that the start of the race was in accordance with IAAF Rules. | | |
| Name of Starter | | Signature |
| ELECTRICAL TIMING | | |
| A fully automatic electrical timing device was used. | | |
| Time Recorded: : : . | Name of Chief Photo-Finish Judge | Signature |
| TIMEKEEPERS - HAND TIMING <i>(for track events which allows hand timed events, please see IAAF Rule 261 & 262)</i> | | |
| I, the undersigned official timekeeper of the event mentioned on this form, do hereby certify that the time set opposite my signature was exact the time recorded by my watch and that the watch used by me has been certified and approved by my National Association. | | |
| Time: _____ | Name | Signature |
| Time: _____ | Name | Signature |
| Time: _____ | Name | Signature |
| CHIEF TIMEKEEPER | | |
| I confirm that the above Timekeepers exhibited their watches to me and that the times were as stated. | | |
| Name of Chief Timekeeper or Referee | | Signature |
| WIND GAUGE (Track Events Only) | | |
| Wind speed in the direction of running: _____ m/s | Name of Operator | Signature |
| SURVEYOR (Track Events Only) | | |
| I hereby certify that I have measured the course over which this event was held. The maximum allowance for inclination did not exceed 1:100 laterally and 1:1000 in the running direction. | | |
| Exact Distance: | | Length of one lap: |
| Name of Surveyor | Qualification | Signature |

**COURSE MEASURER (Road Events Only)**

I hereby certify that I have measured the course over which this event was held. The start and finish points of the course, measured along a straight line between them, shall not be further apart than 50% of the race distance. The decrease in elevation between the start and finish shall not exceed 1 meter per kilometer (1m per km).

The exact distance was: _____ meters _____ cms

Name of Measurer

Qualification

Signature

GUARANTEE BY REFEREE

I hereby certify that all the information recorded on this form is accurate, that the officials conducting the Meeting were duly qualified and that the appropriate IAAF Rules of Competition were complied with.

Name of Referee

Date (Day/Month/Year)

Signature

RECOMMENDATION BY NATIONAL DEAF SPORTS FEDERATION

The undersigned Member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance.

President (signature)

Secretary General (signature)

Name of National Deaf Sports Federation

Date (Day/Month/Year)

DOCUMENTS CHECKLIST

All these documents below must be enclosed with this application.

- The printed programme of the meeting
- The complete results of the event concerned
- The official results of the meeting
- The copy of the Results Card
- The Photo Finish photograph if fully automatic electrical timing device was in operation (if possible) (Track Events Only)

Send all original documents to:

European Deaf Sport Organization
Ota Pansky
Fischerova 21
779 00 Olomouc
Czech Republic

EMAIL: opansky@centrum.cz
FAX: +420 585 432 864

FOR EUROPEAN DEAF SPORT ORGANIZATION OFFICIAL USE ONLY

EDSO Official

Signature

Date (Day/Month/Year)

State reasons if not approved: