



**International Sports Federation for Persons  
with an Intellectual Disability**

**WORLD RECORD APPLICATION FORM  
ATHLETICS – FIELD EVENT**

EVENT \_\_\_\_\_

Male  or Female

Record Claimed \_\_\_\_\_ Metres \_\_\_\_\_

Full Name of Competitor \_\_\_\_\_

Date of Birth \_\_\_\_\_ Competitor's Country \_\_\_\_\_

Name of Stadium \_\_\_\_\_

Date of Meeting \_\_\_\_\_ Time of Event \_\_\_\_\_

Town \_\_\_\_\_ Country \_\_\_\_\_

**EQUIPMENT OFFICER**

I hereby certify that the Shot \ Discus \ Hammer \ Javelin used in the record claimed has been examined by me after the performance and conforms exactly with the relevant IAAF Rules. I further certify that the implement used was manufactured by \_\_\_\_\_

Which is freely available worldwide \_\_\_\_\_ Model \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

## FIELD JUDGES

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 circle or runway complied with IAAF specifications.

DISTANCE OR HEIGHT	NAME OF FIELD JUDGE	SIGNATURE
_____M	_____	_____
_____M	_____	_____
_____M	_____	_____

## SURVEYOR

I hereby certify that the facilities used were in conformity with IAAF Rules.

NAME OF SURVEYOR	QUALIFICATION	SIGNATURE
_____	_____	_____

## WIND GAUGE (LONG JUMP AND TRIPLE JUMP ONLY)

Windspeed in the direction of running \_\_\_\_\_ Name of Operator \_\_\_\_\_

Signature \_\_\_\_\_

## RESULT OF COMPETITION

The Names of the first three competitors and their performances were as follows:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

## 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 \_\_\_\_\_

Signature \_\_\_\_\_

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION

A programme of the meeting and a copy of the Results Card.

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES

Weather conditions

Press cuttings, if available

Type of throwing surface or runway

A photograph of the athlete

Condition of throwing surface or runway

RECOMMENDATION BY INAS-FMH MEMBER COUNTRY

The undersigned INAS-FMH member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:

PRESIDENT / SECRETARY GENERAL:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (BLOCK CAPITALS)

Name of INAS-FID member \_\_\_\_\_

.....  
FOR INAS-FID USE ONLY

Date Received: \_\_\_\_\_ Approved: Yes  No  If no give reason below.

If not Approved give reason why.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

(INAS-FID ATHLETICS DIRECTOR)

ALL APPLICATIONS MUST BE SENT TO  
THE TECHNICAL SECRETARIAT OF INAS-FID

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