



APPLICATION FOR RATIFICATION  
OF A EUROPEAN INDOOR RECORD  
EUROPEAN ATHLETICS  
YOUR SPORT FOR LIFE

## Field Event

Please send the completed form within 30 days of the European Record Performance to:  
[competition@european-athletics.org](mailto:competition@european-athletics.org)

European Athletic Association - Av.  
Louis-Ruchonnet 16 – 1003 Lausanne -  
Switzerland

Application is hereby made for the ratification of the following record, in support of which the below information is submitted: (Please type or use block capitals)

European Record

Under 20 Record

Event (e.g. High Jump)		<input type="checkbox"/> Men	<input type="checkbox"/> Women
Record height/distance Claimed			
Full Name of Athlete			
Country of Athlete		Date of Birth	
Name of Competition			
Date of Event		Time of event	
City			
Country			
Name of Stadium			

### RESULTS OF COMPETITION

	Name	Country	Performance
1st			
2nd			
3rd			

### TECHNICAL MANAGER (if applicable)

I hereby certify that the implement used in the record claimed has been examined by me after the performances, conforms with the relevant IAAF Rule and is available world-wide.

Manufacturer			
Model		Measured Weight	
IAAF Certification No			
Technical Manager			
Signature			

### MEASUREMENT

We hereby certify that the measurement stated opposite our respective signatures is correct, as measured in accordance with IAAF Rules. We also certify that the circle or runway, and the landing area complied with IAAF specifications.

<b>Distance or Height</b>		<b>Name</b>		<b>Signature</b>	
<b>Distance or Height</b>		<b>Name</b>		<b>Signature</b>	
<b>Distance or Height</b>		<b>Name</b>		<b>Signature</b>	

#### SHOE MODEL

In order to ensure that the World Athletics Rule 5 was respected, please provide information about the shoe model that was used during the competition.

<b>Brand and model</b>	
<b>Technical Official</b>	
<b>Signature</b>	

#### DOPING CONTROL

I, the undersigned Doping Control Officer in charge of the doping control at the competition, hereby certify that a sample for a doping test was obtained in accordance with the IAAF Rules from the above athlete in my presence and dispatched to the following accredited laboratory:

<b>Date and Time of Doping Sample Collection</b>	
<b>Testing Laboratory</b>	
<b>Doping Control Officer</b>	
<b>Signature</b>	

#### ATHLETICS FACILITY

**The Facility holds a current valid IAAF Athletics Facility Certificate**

Or

The competition sites complied with the conditions set out in the IAAF Certification System. The respective parts of the IAAF Measurement Report Form are attached to this application.



<b>Technical Manager</b>	
<b>Signature</b>	

#### GARANTEE BY REFEREE

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

<b>Referee</b>	
<b>Signature</b>	

**THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION**

A copy of the relevant page(s) of the athlete's passport indicating name and date of birth (only for U20 athletes)	The report of the laboratory having analysed the sample of the above athlete
The printed programme of the competition	The Athlete's shoe declaration form
The complete results of the events concerned	The Athlete's shoe receipt form
The doping control form	

**RECOMMENDATION BY EA MEMBER FEDERATION**

The undersigned national Federation, under which jurisdiction the above competition took place, hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance.

<b>EA Member Federation</b>			
<b>President (Name)</b>		<b>Gen. Secretary (Name)</b>	
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	