

**APPLICATION FOR RATIFICATION
OF A EUROPEAN INDOOR RECORD**

Track Event



<p>Please send the completed form within 30 days of the European Record Performance to : competition@european-athletics.org</p>	<p>European Athletic Association - Av. Louis-Ruchonnet 16 – 1003 Lausanne - Switzerland</p>
<p>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)</p>	

European Record Under 20 Record

Event (e.g. 60m)		<input type="checkbox"/> Men	<input type="checkbox"/> Women
Record Time Claimed			
Full Name of Athlete			
Country of Athlete		Date of Birth	
For Relay Events, the full name of all team members, in the order of running (including date of birth)			
Name of the competition			
Date of the competition		Time of event	
City			
Country			
Name of Stadium			

RESULTS OF COMPETITION			
	Name	Country	Performance
1st			
2nd			
3rd			

STARTER	
I hereby certify that the start of the race was in accordance with the IAAF Rules.	
Starter	

Signature	
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FULLY AUTOMATIC TIMING

I hereby certify that Fully Automatic Timing was used.

Official time recorded	
Chief Photo-Finish judge	
Signature	

HAND TIMING (if applicable)

We hereby certify that the time stated opposite our respective signatures were the exact times recorded by our respective watches.

Time		Na me		Signatur e	
Time		Na me		Signatur e	
Time		Na me		Signatur e	

I hereby confirm that the above times were correct

Chief Timekeeper or Referee	
Signature	

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. *Include the information for all 4 athletes in case of a relay.*

Brand and model	
Technical Official	
Signature	

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:

Date and Time of Doping Sample Collection	
Testing Laboratory	
Doping Control Officer	
Signature	

Note: For relays, samples must be obtained from **all** the athletes of the team

Please take careful note of the new requirement in case of World and European Records for Running Events, Race Walking and Combined Events:

Any athlete who breaks or equals an Area or World Record must be subjected to doping control immediately after the competition. Urine testing for rh-EPO must be arranged for any athlete who breaks or equals an Area or World Record in any Running Event from 400m upwards, Race Walking or Combined Event. In such cases, a blood sample shall be taken if it is practicable to do so.

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.



Technical Manager

Signature

TECHNICAL MANAGER

I hereby certify that the course over which this event was held, was in conformity with the IAAF Rules.

The exact distance was **metres** **cms**

The length of one lap was **metres** **cms**

Technical Manager

Signature

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.

Referee

Signature

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 doping control form

The printed programme of the competition

The report of the laboratory having analysed the sample of the above athlete (if necessary for EPO)

The complete results of the events concerned

The Athlete's shoe declaration form

The Photo-Finish print if fully automatic timing equipment was in operation	The Athlete's shoe receipt form
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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.			
EA Member Federation			
President (Name)		Gen. Secretary (Name)	
Date		Date	
Signature		Signature	