

CENERAL INFO	DMATION.	·	3 7			
GENERAL INFORMATION			D (())	,	l	
Sport Event:			Date (dd mmn	n yyyy):	Time:	
Name of competition:	Name of venu	Name of venue:				
City:	Country:	Country:				
Performance Record	Claimed: Please check:					
T chomianoe record	☐ Men] Women	xed 🔲 Junio	or 🔲 li	ndoor	
ATHLETE INFOR	RMATION					
Competitor - full name) :	ICSD ID:	Country:	Email:		
Competitor - full name	e:	ICSD ID:	Country:	Email:	:	
Competitor - full name	Э :	ICSD ID:	Country:	Email:	:	
Competitor - full name:		ICSD ID:	Country:	Email:	:	
STARTER						
I cerify that the start of	of the race was in accordance	ce with WA Rules.				
Name of starter:	S	Signature and date:				
ELECTRICAL TIN	MING					
A fully automatic elec	etrical timing device was use	ed.				
Time Recorded:	Name of Chief Photo-Fi	Name of Chief Photo-Finish Judge: Sign		gnature and date:		
TIMEKEEPERS -	HAND TIMING (for tra	ck events which all	ows hand timed	events, s	see WA Rule)	
	icial timekeeper of this ever . The watch I used is certifie				dicated next to my	
Time Recorded 1:	Name of timekeeper 1:	Name of timekeeper 1: Sigr		nature and date:		
Time Recorded 2:	Name of timekeeper 2:	Name of timekeeper 2:		Signature and date:		
Time Recorded 3:	Name of timekeeper 3:	Name of timekeeper 3:		Signature and date:		
CHIEF TIMEKEE	PER					
I confirm that the abo	ve Timekeepers exhibited t	heir watches to me and	I that the times wer	e as stated.		
Name of Chief Timekeeper or Referee:			Signature and date:			
WIND GAUGE						
Wind speed:	Name of Operator: Sign		ignature and date:	nature and date:		

SURVEYOR					
I hereby certify that the facilities used were	in conformity with WA	Rules.			
Exact Distance:		Length of one lap:			
Name of Surveyor:	Qualification:	Signature and date:			
COURSE MEASURER					
I hereby certify that I have measured the co measured along a straight line between the elevation between the start and finish shall i	m, shall not be further	apart than 50% of the race di			
Exact Distance (meters and cms):					
Name of Measurer:	Qualification:	Signature and date:	Signature and date:		
DOPING CONTROL					
Has this athlete undergone a doping test? ☐ Yes ☐ No	_	as doping control presented	during the competitions?		
Date and Time:	Laboratory:		ID:		
GUARANTEE BY REFEREE					
I hereby certify that all the information recor qualified and that the appropriate WA Rules	ded on this form is acc	curate, that the officials conductomplied with.	ucting the Meeting were duly		
Name of Referee:	Qualification:	Signature and date:			
NATIONAL DEAF SPORTS FEDER	ATION*				
Name of National Deaf Sports Federation:					
Name of President:		Signature and date:	Signature and date:		
Name of Secretary General:		Signature and date:	Signature and date:		
FOR INTERNATIONAL COMMITTE	E OF SPORTS FC	R THE DEAF OFFICIAL	_USE ONLY		
Sport Director:		Signature and date:	Signature and date:		
Chief Executive Director:		Signature and date:	Signature and date:		
Check that apply: Deaf World Record [Deaflympics Recor	d Deaf Championship Ro	ecord Junior		
Comment:			-		
DOCUMENTS CHECKLIST					
All these documents below must be enclosed. The printed programme of the meeting		. Send all original docume	ents to:		
The printed programme of the meeting The complete results of the event cond The official results of the meeting The copy of the Results Card The Photo Finish photograph if fully audevice was in operation (if possible) (Track	cerned Itomatic electrical timin	Maison du Sport Interna 54, Avenue de Rhodanie CH-1007, Lausanne Switzerland			

To ensure the acceptance of a Deaflympics, Deaf Championships, or Deaf World Record, it is crucial to adhere to established

rules and guidelines. Our comprehensive Performance Record Policy can be found at http://ciss.org/icsd/performance-records-policy. It is the responsibility of any athlete or official representing their National Deaf Sports Federation, who submits a record application, to thoroughly understand and comply with these regulations.

Please scan all required documents, as listed above, and send them to office@ciss.org. Our office will process your submission and forward it to the respective sport directors who specialise in the relevant sports area. The sport director will review all the information provided in your application form. Once reviewed, the sport director will finalise and send the information to the ICSD Chief Executive Office for the final ratification.

Additionally, please send the original documents to the ICSD Office, as shown above.

* NATIONAL DEAF SPORTS FEDERATION - This notice exclusively applies to World Deaf Records. Signatures from the NDSF are not required for Deaflympics and/or World Deaf Championships, as ICSD Sport Directors and/or ICSD representatives were present at these events.