Application for Road Running Record

Record applied for
Distance: _____________ Age Group: _____________ Male / Female

Athlete Information
Name of Competitor: ______________________________________________________
Address: __________________________________________________________________________
Email: ______________________________________ Phone: _____________________________
Date of Birth: Day: ___ Month: ___ Year: _______ BC Athletics Membership Number: __________

Race Information
Name of Race: _________________________________________________________
Race Date: Day: ____ Month: _____ Year: __________
Location: City: _____________________ Province: ____ Country: ________
Race Sanctioning Body: __________________ Course Certification Number: ________________
Start / Finish Separation: _________________ Net Elevation Drop: ______________

Result
Gun Time: Hours: ______ Minutes: ______ Seconds: ______
Overall Position: ______ Position within Age Group: ______
Timing Method Used: ___________________________________

RACE DIRECTORS AFFIDAVIT

To the best of my knowledge and belief:
1) The race was run over the course corresponding to the certification number above and was in all respects accurately measured. The course was verified on race day to ensure that all cones and barricades contained in the race certificate were in place and the start, finish and any turnaround points were correctly positioned.
2) There is no reason to doubt that the above athlete ran the full course as measured.
3) The time recorded for the athlete is accurate (i.e. the timer was accurate and there is no reason to doubt that the above time was correctly assigned to the above athlete.)
4) There is no reason to believe that the athlete was unfairly aided (e.g. illegal assistance from another competitor, pacing by a non competitor, bicycle, vehicle etc.
5) In general the times of athletes competing in the race were consistent with their normal level of performance on a flat, non wind aided course.

If the race director has any comments, concerns, or reservations in answering affirmatively to the above please comment on the back of this form.

SIGNED ___________________________________________ RACE DIRECTOR
NAME & ADDRESS ____________________________________________
EMAIL __________________________________ PHONE __________ DATE ______

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