

# Ontario Masters Athletics Road Race Record Application Form For Age Group \_\_\_\_\_

Race Director, thank you for taking the time to complete this form. Please enter all data as completely as possible, paying particular attention to the "RACE DIRECTORS AFFIDAVIT" below.

<b>ATHLETE</b>	NAME _____ MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
	ADDRESS _____	
	NATIONALITY/RESIDENCE STATUS _____	
	BIRTH DATE (d/m/y) _____	AC# _____
	EMAIL ADDRESS _____	
	provide "proof of age" (if not already sent to CMA)	
<b>RACE</b>	NAME _____	DISTANCE _____
	LOCATION _____	RACE DATE (d/m/y) _____
	SANCTIONED BY _____	
<b>RESULT</b>	BIB # _____	OVERALL POSITION _____
	GUN TIME _____	_____h: _____m: _____s (Include fractions of a second as available)
	CHIP TIME _____	_____h: _____m: _____s
<b>COURSE</b>	CERTIFICATION # _____	COURSE MEASURED BY _____
	METHOD USED _____	QUALIFICATIONS OF MEASURER _____
<b>COURSE DESCRIPTION</b>		
	POINT TO POINT <input type="checkbox"/> OUT and BACK <input type="checkbox"/> SINGLE LOOP <input type="checkbox"/> # of LOOPS _____	
	ELEVATION RISE(+) or FALL(-) from start to finish _____ (specify units feet or metres)	
	ELEVATION RISE OR FALL means the net difference between start and finish, undulations throughout the course are of no significance.	
	STRAIGHT LINE SEPARATION DISTANCE START TO FINISH _____ (specify units)	
	Where the straight line separation distance was more than 10% of the course distance was the wind predominantly	
	favourable <input type="checkbox"/> unfavourable <input type="checkbox"/> or side <input type="checkbox"/>	
	wind speed _____ (if available)	
	If not available was the wind speed above 2m/sec (about 4mph or walking speed) _____	

## 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 to AIMS standards. 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 \_\_\_\_\_

Attach race entry form and official race results or web link to results and return to;

**Ken Hamilton**

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