



Canadian Masters Athletic Association Application for Jumps Record



Send form to:
Indoor/Outdoor Jumps Records
c/o Bill McIlwaine,
55 Dawson Crescent, Milton,
Ontario, L9T 5H9

INDOOR/OUTDOOR _____	Male/Female _____
Event _____	Age Group _____
ATHLETE:	
NAME in full: _____	
ADDRESS: _____	
NATIONALITY/RESIDENCE STATUS _____ CMAA Membership# _____	
DATE OF BIRTH: Day _____ Month _____ Year _____ Age _____	
EMAIL: _____	
MEET	
TITLE: _____	
LOCATION: City _____ Country _____	
DATE OF RECORD: _____	

FIELD JUDGES CERTIFICATION	
We certify that the measurement recorded is exactly in accordance with IAAF/WMA rules and that the runway/ sector/ equipment comply with IAAF/WMA specifications.	
_____ metres	Name _____ Signature _____
_____ metres	Name _____ Signature _____
_____ metres	Name _____ Signature _____
WIND GAUGE (Long and Triple Jump)	
The wind in the direction of running was: _____ metres/ second.	
Note any irregularities:	

MEET DIRECTOR'S STATEMENT: I hereby certify that the officiating for this event was done by qualified competent officials and that all information stated is correct to the best of my knowledge. I recommend ratification of this record.	
Meet Director's Name: _____	Signature _____
Address: _____	
Phone: _____	Email: _____
Include a copy of the results and program.	

Office Use: Reference # _____	Date Processed: _____	Signed: _____
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