

Athlete Assistance Request Form

Athletes are entitled to Assistance or Guides in the following classes: **RR1-3, T/F11-12, F31-33 & F51-54.** Please provide your own bib & report straight to the event / call-room

Name: .............................................. Bib Number: ………………………

Club: ............................................... Classification: ………………………

Event(s): ................................... Saturday: **TICK** Sunday: **TICK**

Assistance in other classification groups is not normally permitted, unless agreed by the Track or Field Referee in advance. This might include setup of blocks, run-ups, athletes with hearing impairment etc. Parents and coaches won’t be permitted onto the track, unless agreed.

COVID-19: whilst social distancing measures are in place it is important arrangements are requested pre-event and athletes are familiar with their setup.

* **PRE-EVENT** i.e. Laces, Gloves: ..……………………………………………………
* **START COMMANDS / FALSE START:** ………………………………………………………
* Other (please detail): ………………………………………………………
* **STARTING BLOCKS**
* Left Foot: …………..cm ........degrees
* Front: …………..cm
* Right Foot: …………..cm ........degrees
* **RUN-UP MARKERS**: (1)…………..cm (2)…………..cm
* **SEATED THROWS (COVID-19):**

All seated throwers will be permitted assistance to assist with implement retrieval.

Where needed, an additional assistant wearing a bib will be permitted onto the Field of Play (FOP) to assist with tie-down straps, then leave the circle before the athlete enters.

NOMINATED GUIDE / ASSISTANT(S): ..............................................

REFEREE SIGNATURE: ..............................................

REFEREE NAME: ..............................................

Please return this form to the organiser: [info@athleticsni.org](mailto:info@athleticsni.org)