

Assistance in Competition Deaf Athletes



Athletes Name: _____

Bib Number: _____

Event: _____

The athlete named above requires assistance in:

Block Set Up

Blocks are set up this way around



** Please cross out which one does not apply

Distance from start line to front block _____cm

Distance from start line to back block _____cm

Starting:

Tap Start Yes No

Lights Yes No

Officials Signature: _____

Date: _____ Time: _____

NOTES

This form must be presented when the athlete arrives at the Call Room and then taken to the start and handed to the Starter's Assistant.