

2018 ASA PERMANENT LICENCE FORM



NB: The license number will only be issued to the club when this form is fully completed and presented to the province for recordkeeping. Provinces who fail to adhere to this administrative function will be held accountable.

Athlete	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Tech Off	<input type="checkbox"/>	Office Bearer	<input type="checkbox"/>
Track&Field	<input type="checkbox"/>	Off Road Running	<input type="checkbox"/>	Road Running	<input type="checkbox"/>	Race Walking	<input type="checkbox"/>

Demographics - SRSA Requirement

Black
 Coloured
 Indian
 White

Demographics - SRSA Requirement

Gender: Male Female
 Date of Birth (YYYY-MM-DD) - -

Your Details (Please tick where applicable)

Surname										Title (Mr/Ms/Dr etc)			
First Name										Initials			

Type of Document: ID Document Birth Certificate Passport Refugee Permit

- - Please enter the relevant number

Licence Number (2017)	Licence Number (2018)	ASA Province
<input type="text"/>	<input type="text"/>	<input type="text"/>

Club Name (in full)

Residential Address - Domicilium Rule

Postal Address

Residential Address										Postal Address									
Code										Code									

Tel Code	Tel Number (Home)	Tel Code	Tel Number (Work)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cell Phone Number -

E-mail Address

Occupation

I declare that I am a bona fide athlete/coach/technical official. I confirm that all the information provided on this application is true and correct. I subject myself to the rules and regulations of Athletics South Africa and the IAAF, and I undertake not to compete in any track event, road race, cross country event, race walking event or fun run which is not sanctioned by the provincial athletics body and ASA. I indemnify ASA, the provincial body, sponsors and organisers of any race against all and any action of whatever nature which may arise out of my participation and I agree that it is my responsibility to be medically fit to compete in any event.

Next of Kin: Name Tel

Date..... Signature.....

Signature of Parent/Guardian (Younger than 18yrs) Signature.....

Signature of Club Representative Signature.....

Signature and stamp of the Province Signature.....

Welcome to the Athletics South Africa Family