

# 2017 LICENCE FORM



The completeness and accuracy of this submission, helps to improve Athletics South Africa's service to you.

Athlete		Coach		Tech Off		
Track&Field		Cross Country		Road Running		Race Walking

**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 (2015)**  **Licence Number (2016)**  **ASA Province**

**Club Name (in full)**

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

**Residential Address - Domicilium Rule**

**Postal Address**

**Code**

**Tel Code**  **Tel Number (Home)**

**Tel Code**  **Tel Number (Work)**

**Cell Phone Number**  -

**E-mail Address**

**Demographics**  Black  Coloured  Indian  White

**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**