

2019 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	Coach	Tech Off	Office Bearer
Track&Field	Off Road Running	Road Running	Race Walking

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 (2018) _____ **Licence Number (2019)** _____ **ASA Province** _____

Club Name (in full) _____

Residential Address - Domicilium Rule

Code _____

Postal Address

Code _____

Tel Code _____ **Tel Number (Home)** _____
Tel Code _____ **Tel Number (Work)** _____

Cell Phone Number _____ - _____

E-mail Address _____

Occupation _____

I declare that I am a bona fide athlete/coach/technical official/office bearer. I confirm that all the information provided on this application is true and correct. I understand that my participation in an athletics related event is subject to the ASA Constitution, its rules and regulations. I understand that this license can be retracted should I violate the ASA Constitution, its rules and regulations. I hereby accept that I participate in any event of ASA and its members entirely at my own risk. I indemnify ASA and its members, sponsors and organisers of any event 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. I understand that if I am a minor, my parent and/or legal guardian understand the nature of the athletic activity, approve of the declaration above, and sign it on my behalf.

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.....