

2015 LICENCE FORM



Registration must be done online. If you don't have internet access, use this form and hand it in at your club

Identification ID Document Birth Certificate Passport Refugee Permit

____ - ____ - ____ Please enter the relevant number

Licence Number (2014)
Licence Number (2015)
ASA Province _____

Club Name (in full)

Athlete **Coach** **Technical Official**
Track & Field **Cross Country** **Road Running** **Race Walking** **Trail Running**

Your Details (Please tick where applicable)

Title (Mr/Ms/Dr etc)
First Name _____

Surname _____ **Initials** _____

E-mail Address

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

Home Language

English Afrikaans Sotho Xhosa Zulu Other (Specify)
 Tswana Venda Pedi Tshonga

Occupation _____

Residential Address - Domicilium Rule

_____ **Code** _____

Postal Address Tick if the same as Residential

_____ **Code** _____

Tel Number (Home)
Tel Number (Work)
Cell Number

Emergency Contact: (Please supply two)
Name Tel
Name Tel

Medical Aid No Yes Full Medical or Hospital Plan

Medical Aid Name _____ **Number** _____

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 athletics event which is not sanctioned by the provincial athletics body and ASA.
I indemnify ASA, the provincial body, 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 agree that ASA and any event organiser may utilise any image taken of me during an event in which I participate to record and or promote that event or any similar event. This does not include permitting the image to be utilised for commercial purposes or in association with any brand or trade name, other than that of the event itself, without my express consent.

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

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

Welcome to the Athletics South Africa Family