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 **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