2021 ASA PERMANENT LICENCE APPLICATION FORM

A licence number will only be issued to the club, by the province, when this form is fully, and correctly completed by the applicant, verified by the club, and accompanied by payment in full. The club/province may use an electronic registration system, with the form electronically signed, and EFT payments made, provided the electronic system is aligned with the ASA license registration application system.

I am a: Mark all activities relevant	Athlete	☐	Coach	☐	Technical Official	☐	Office Bearer	☐
Discipline: Mark all activities relevant	Track & Field	☐	Off-Road Running	☐	Road Running	☐	Race Walk	☐
Demographics – SRSA Requirement	**Black**	☐	**Coloured**	☐	**Indian**	☐	**White**	☐
Age category – SRSA Requirement	**Senior+**	☐	**Junior**	☐	**High School**	☐	**Primary School**	☐
Gender Male ☐ Female ☐	**Date of Birth - *Year/month/day***							
Title (Mr/Ms/Dr/etc.)	**Initials**							
Surname:								
First Name:								
Identification Document:	**ID book/card**	☐	**Birth Certificate**	☐	**Passport**	☐	**Refugee Permit**	☐
	Number:							
ASA Province:	**K**	**Z**	**N**					
2020 Licence number:	**2021 Licence number:**							
Club name:	**S**	**T**	**E**	**L**	**L**	**A**	**A**	**T**
	H	**L**	**E**	**T**	**I**	**C**	**C**	**L**
	U	**B**						

Residential Address:

Code

Postal Address:

Code

Tel/Cell phone number	**1st**		**2nd**	
Email address				
Occupation				
Next of Kin				
Tel/Cell phone number				

DECLARATION: 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 athletics related events are subject to the ASA Constitution, its rules and regulations. I understand that this licence 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 my information may be shared with ASA partners, in accordance with the ASA Privacy Policy. I understand that if I am a minor, my parent and/or legal guardian understands the nature of the athletic activity, approves of the declaration above, and signs it on my behalf.

Date: …… Signature of applicant: ……

Date: …… Signature of Parent/Guardian (Younger than 18yrs): ……

Club: I confirm that the above information is correct; the athlete is registered to no other club; and the domicile is correct:

Date: …… Signature of Club Representative: ……

Province: I confirm that the club is affiliated to the province; and the domicile of the club, and applicant, is correct:

Date: …… Signature and Stamp of the Province: ……