

## **2022 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 relavant	Track & Field	Road Running	Off-Road Running	Race Walking	

Demograph	emographics - SRSA Requirement											Coloured						Ind	ndian					White				
Age catego	e category - SRSA Requirement							Senior+					Jun	ior				Hig	h Sc	hool				Primary School			ool	
Gender:	Ma	le			F	ema	le		Da	Date of Birth (YYYY-MM-DD)																		
itle (Mr/Ms/Dr/ect.)									Init	ials																		
Surname																												
First Name																												
Type of Ide	pe of Identification Document ID Book/Card												Birt	h Ce	ertifi	cate			Passport				Ref	ugee	e Per	mit		
												Number																

ASA Province																
2021 Licence Number	r					202	2 Lic	enc	e Nu	mbe	er					
Club Name (in full)																

Res	sider	ntial	Add	ress	- Do	omic	iliur	n Ru	le												
																	Cod	le			
Pos	stal /	Addr	ess -	Doi	mici	lium	Rul	e													
																	Cod	le			
Tel	/Cel	l pho	one r	num	ber	-			1 <sup>st</sup>						2 <sup>nd</sup>						
En	nail a	addr	ess																		
Ос	cupa	tion																			
								•				•	•			 					

Next of Kin	Name													
Tel/Cell phone r	number		1 <sup>st</sup>						2 <sup>nd</sup>					

**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 an athletics related event is 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, approve of the declaration above, and sign it on my behalf.

Date:	Signature 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 domicile is correct.
Date:	Signature of Club Representative:
Province: I confirm that the c	lub is affilliated to the province; and the domicile of the club and application is correct.

Date: ..... Signature and stamp of the Province: .....