

## **2020 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 relevant disciplines) Track & Fi										& Fie	eld		Off-Ro			d Runni			Ro	ad R	ad Running				Race Walk			
Demographics – SRSA Requirement											l	Bla	ack			Col	our	red		Inc	lian			١	Nhit	e		
Gender Male Female								Date of Birth - Y				nont	onth/day															
Title (Mr/Ms/Dr/etc.)											Initia	ls	s															
Surna		T	T														1					Ī		Т				
First	Name:																											
Identification Document:						ID book/card					В	irth	th Certifica		ate	e		Passport			Refug			ee Permit				
						Number:																						
ASA I	Provin	ce:																										
2019 Licence number:													2020 Licence number:															
Club name:																												
Residential Address: – Domicilium Rule																												
																				Со	de							
Posta	ıl Addı	ess: –	Rule	9																								
																				Cod	le							
Tel/Cell phone number   1st																	2	nd										
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 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, approves of the declaration above, and signs it on my behalf.																												
Date:							Siø	natıı	re (	of ar	oplic:	ant:																
Date.	•••••	••••••	•••••	•••••	•••••	•••	Jig	. ia tu		o, al	Piice	4116.		•••••	••••••		••••	•••••	••••••	••••								
Club:	l confi	m tha	t the	abo	ove i	nfo	rmat	tion i	s co	rrec	t; the	ath	lete	is re	egist	ered	to	no c	ther	club;	and	the	dor	micil	e is	corre	ct:	
Date: Signature of Club Representative:																												
Provir	nce: I c	onfirm	that	t the	e clu	b is	affil	iated	to	the p	orovii	nce;	and	the	don	nicile	of	the	club,	and	appl	ican	t, is	corr	ect:			
Date:							Sig	natu	re a	nd S	tamp	of t	he F	Prov	ince	:												