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 & Field		Off-Road Running		Road Running		Race Walk	
Demographics – SRSA Requirement	Black		Coloured		Indian		White	
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:																						
2019 Licence number:										**2020 Licence number:**												
Club name:																						

Residential Address: – Domicilium Rule																						
																		Code				

Postal Address: – Domicilium Rule																						
																		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 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 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: ……