

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	

Demographics - SRSA Requirement						Black				Coloured					Indian						White					
Age catego	e category - SRSA Requirement					Sen	ior+				Jun	ior				Hig	h Scl	nool			Pr	Primary School				
Gender:	Male			Fema	le		Date of Birth (YYYY-MM-DD)														-					
Title (Mr/Ms/Dr/ect.)							Init	ials																		
Surname																										
First Name																										
Type of Identification Document ID Book/Card										Birth Certificate						Passport			t	Refugee Per			ermit	•		
										Nu	mbe	r														

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

Residentia	l Add	ress	- Do	mic	iliun	n Rul	le												
															Cod	le			
Postal Add	lress -	Dor	nicil	ium	Rule	e													
															Cod	e			
Tel/Cell ph	none i	num	ber				1 st						2 nd						
Email add	lress																		
Occupatio	n																		

Next of Kin Name												
Tel/Cell phone number	1 st						2 nd					

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 o	lub is affilliated to the province; and the domicile of the club and application is correct.

Date: Signature and stamp of the Province: