

2024 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 & Fig. 1											Fiel	d		Road Running					Off-Road Running						Race Walking					
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Demographics - SRSA Requirement Blace												ck				oure	d			Indian						White				
Age category - SRSA Requirement Senior+															Jun	ior				High School						Primary School				
Gender: Male Fer						ema	le		Date of Birt				th (YYYY-MM-DD)										-			-				
Title (Mr/Ms/Dr/ect.)									Initials																					
Surname																														
First Name																														
Type of Identification Document ID B									Book/Card					Birth Certificate						Pas	Passport			Ref	efugee Permit					
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_	ASA Province 2023 Licence Number												202	 24 Lic	onc		mb										\dashv	\dashv		
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Tel/Cell phone						<u> </u>	<u> </u>		1 st											2 nd										\dashv
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.															d d e y															
												e 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 club is affilliated to the province; and the domicile of the club and application is correct.

Date: Signature and stamp of the Province: