## A SA ATHLETICS SOUTH AFRICA

## 2025 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	

Demonstration CDCA Demoistration of the									<u> </u>						<u> </u>													
	hics - SRSA Requirement Black													-	ndian						White							
Age catego	ge category - SRSA Requirement Senior+							Junior Hig					Hig	gh School					Primary School									
Gender:	Ma	le			F	ema	le	Date of Bir				r <b>th</b> ()	th ( <i>YYYY-MM-DD</i> )										-			-		
Title (Mr/Ms	;/Dr/e	ect.)							Initials																			
Surname																												
First Name																												
Type of Identification Document ID Book/Card										Birt	h Ce	rtifi	cate			Passport					Refugee Permit							
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ASA Provin	се																											
2024 Licen	ce Ni	umb	er										2025 Licence Number															
Club Name	(in f	ull)																										
Residentia	Add	ress	- Do	omic	iliun	n Ru	le																					
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Postal Add	ress	- Do	mici	lium	Rul	e	-																					
																						Cod	le					
Tel/Cell phone number															2 <sup>nd</sup>													
Email add	ress																											
Occupation	۱																											
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Next of Kin		Nar	me																									
Tel/Cell pho	Tel/Cell phone number													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.																												
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: Signa	ture of Club Representative:
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Province: I confirm that the club is affilliated to the province; and the domicile of the club and application is correct.