2012 LICENCE FORM

The completeness and accuracy of this submission, helps to improve Athletics South Africa's service to you.

Athlete		Coach		Tech Off			
Track&Field		Cross Country		Road Running	X	Race Walking	

Your Details (Please tick where applicable)

Surname

Title (Mr/Ms/Dr etc)

First Name

Initials

Type of Document ID Document ☐ Birth Certificate ☐ Passport ☐ Refugee Permit ☐

☐☐☐☐☐☐ - ☐☐☐☐ - ☐☐☐ Please enter the relevant number

Licence Number (2011) **Licence Number (2012)** **ASA Province**

GAUTENG

Club Name (in full)

FOURWAYS GARDENS ROAD RUNNERS

Gender: Male ☐ Female ☐ Date of Birth (YYYY-MM-DD) ☐☐☐☐-☐☐-☐☐

Residential Address - Domicilium Rule

Code

Postal Address

Code

Tel Code - **Tel Number (Home)**

Tel Code - **Tel Number (Work)**

Cell Phone Number ☐☐☐ - ☐☐☐☐☐☐☐

E-mail Address

Home Language

☐ English ☐ Afrikaans ☐ Sotho ☐ Xhosa ☐ Zulu ☐ Other (Specify) .....

Occupation

I declare that I am a bona fide athlete/coach/technical official. I confirm that all the information provided on this application is true and correct. I subject myself to the rules and regulations of Athletics South Africa and the IAAF, and I undertake not to compete in any athletics event which is not sanctioned by the provincial athletics body and ASA.
I indemnify ASA, the provincial body, 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.

Date..... Signature.....

Signature of Parent/Guardian (Younger than 18yrs) Signature.....

Signature of Club Representative Signature.....

Signature and stamp of the Province Signature.....

Welcome to the Athletics South Africa Family