## **2014 LICENCE FORM**

Regi	stra	tior	n mu	st be	e do	ne o	nline	e. If y	ou (	don't	t ha	ve in	tern	et a	cces	ss, us	e thi	is foi	rm a	ınd h	and	l it ir	ı at y	our/	club						
Identification						ID	Document [				]	В	irth	Certificate				]	Pa	assp	ort	t Refugee Permit									
						] -					] -				Ple	ase e	entei	r the	rele	evan	t nu	mbe	er								
Licence Number (2013) Licence Number (2014)												AS	A Pro	ovino	ce																
					]																										
Club	Na	me	(in f	ull)																											
Athlete				]	Coach					]	Tec	Technical Official																			
Track & Field				]	Cross Country					]	Roa	Road Running Race Walking Trail Running							g												
Your Details (Please tick where applicable) Title (Mr/Ms/Dr etc) First Name																															
					1																										
Surn	am	е			•							•			•	•	•			•			_		Init	ials					
E-mail Address																															
Date	of	Birt	h (D	D/M	M/Y	YYY)				/			/					]		Ger	nder	:		М	ale		]	Fen	nale		
Home Language  English Afrikaans Sotho Xhosa Zulu Other (Specify)  Tswane Venda Pedi Tshonga																															
Occi	ıpat	tion																													
Resi	Residential Address - Domicilium Rule										Postal Address							Tic	k if	the :	sam	e as	Res	sidei	ntial						
$\sqcup$									<u></u>						<u> </u>																
								Coc	le					ļ	J									Coc			ļ				
Tel N	lun	ıbeı	r (Ho	me)		_				1	Tel	Nun	nbei	r (W	ork)	1					1	Cel	l Nu	mbe	r	1	1				
Eme	rge	ncy	Con	tact	: (Ple	ease	supp	oly t	wo)																						
Name																			Tel												
Nam	e																			Tel											
Med	lical	Aic	i		No				Yes	5		]			Fu	ll Me	edica	al			] (	or	Но	spita	al Pl	an					
Medical Aid Name									Number																						
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.  I agree that ASA and any event organiser may utilise any image taken of me during an event in which I participate to record and or promote that event or any similar event. This does not include permitting the image to be utilised for commercial purposes or in association with any brand or trade name, other than that of the event itself, without my express consent.																															
Date												Sign	natu	ıre																	
	Signature of Parent/Guardian (Younger than 18yrs)											Sign	natu	ıre																	