2018 LICENCE FORM
Nedbank Running Club SWD

Renew your membership at Sportscentre George / nbrcswd@gmail.com / 0833767414 / 0834774780

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		Race Walking	

Demographics - SRSA Requirement

☐ Black ☐ Coloured ☐ Indian ☐ White

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 (2017) **Licence Number (2018)** **ASA Province** A S W D

Club Name (in full) N E D B A N K R U N N I N G C L U B S W D

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

Residential Address - Domicilium Rule **Postal Address**

Code **Code**

Tel Code **Tel Number (Home)** **Tel Code** **Tel Number (Work)**

Cell Phone Number

E-mail Address

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 track event, road race, cross country event, race walking event or fun run which is not sanctioned by the provincial athletics body and ASA. I indemnify ASA, the provincial body, sponsors and organisers of any race 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.

Next of Kin: Name Tel

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