

## 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 & Field	Road Running	Off-Road Running	Race Walking	

Demograph	mographics - SRSA Requirement Black											Coloured					Indian						White					
Age catego	e category - SRSA Requirement Senior+										Junior						High School						Primary School					
Gender:	Gender: Male Female Date of Bi							f Bir	th (Y	YYY-1	им-с	)D)								-			-					
Title (Mr/Ms/Dr/ect.)							Init	itials																				
Surname																												
First Name																												
Type of Ide	pe of Identification Document ID Book/Card								•		Birt	h Ce	rtifi	cate			Pas	spor	t		Ref	ugee	e Per	mit				
												Nur	nbei	r														

ASA Province A	S	W	D																				
2023 Licence Number										202	4 Lio	enc	e Nı	imbe	er								
Club Name (in full)	N	Ε	D	В	Α	Ν	К	R	U	Ν	Ν	I	Ν	G	С	L	U	В	S	W	D		

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Em	nail a	addro	ess																		
Occ	upa	tion																			

Next of Kin Name												
	1 <sup>st</sup>						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, 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 understands the nature of the athletic activity, approve of the declaration above, and sign it on my behalf.

Date:	Signature applicant:	NEDBANK RUNNING	Ď
Date:	Signature of Parent/Guardian (Younger than 18yrs):	CLUB	

Club: I confirm that the above information is correct; the athlete is registered to no other club; and domicile is correct.

Date:	••••••
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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: .....