

1992-2017

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BOARD MEMBERS

PRES: Mr. Aleck Skhosana VICE-PRES: Dr Harold Adams T+F: Mr. Pieter Lourens RR: Mr. James Moloi CC: Mr. Jakes Jacobs Ath : Ms. Dorah Mngwevu ADD: Ms. Motlatsi Keikabile Ms. Shireen Noble Ms. Esther Malema Ms. Ntathu Gwadiso E.O. Mr. Jazz Mnyengeza Mr. William Mokatsanyane

HONORARY MEMBERS

Mervyn KING Mluleki GEORGE

PARTNERS

IAAF CAA SASCOC SRSA NLC ASA Provinces ASA Associates SABC Adidas Tsogo Sun SA Sports Trust

MISSION

To make a contribution towards Nation Building and Healing of our land, South Africa, and the Transformation of our Society, through the Development of Athletics, from Grassroots to the highest levels of Excellence ASA Members

From ASA Office Date 18 September

18 September 2017

Subject No pages

То

ASA Athletes' Representative Application Information

ELECTRONIC TRANSMISSION

Dear ASA Members

Circular 114 of ASA 2017 (09/18) – ASA ATHLETES' REPRESENTATIVE APPLICATION INFORMATION

In accordance with IAAF Rule 7, ASA Domestic Rule 12, and ASA Constitution Clause 28, ASA allow Athlete Representatives (AR's) to represent elite/professional athletes licensed to ASA, as AR's are at times better equipped to deal with the needs of elite/professional athletes, than the club the athlete is licensed too.

Such AR's can however only represent the athlete with the knowledge and club the athlete is licensed too, and when the AR is registered with ASA.

ASA has noted that the need for AR's in South Africa has grown. To accommodate this need, ASA will allow for candidates, over and above the AR's already registered with ASA, to become Athlete Representatives.

The procedure for an AR to become registered to ASA are as follows:

- <u>Application</u> any new person wishing to become an AR must complete and submit an Application form by <u>29 September 2017</u> to ASA for the attention of Mr Hezekiel Sepeng at <u>Hezekiel@athleticssa.co.za</u>
- 2. <u>Evaluation</u>- Any person whose application is accepted by ASA will be required to do a written examination. The purpose of the examination is to assess whether an applicant has sufficient knowledge and experience to become an AR and to test his knowledge of how the IAAF and ASA functions.
- 3. <u>Certification</u>: Successful candidates will be issued an ID card to identify him / her when presenting the athlete during competitions.
- 4. <u>Existing AR's</u>: Existing AR's do not have to apply for reevaluation in 2017
- 5. <u>Updated list of AR's:</u> An updated list of AR's will be announced before the end of October 2017 and will be registered for the 2018 athletics season.

From the Athletics South Africa Office: e-Mail: DurellJ@athleticssa.co.za For more information Website: www.athletics.org.za



APPLICATION TO REGISTER AS AUTHORISED ASA ATHLETE'S REPRESENTATIVE

I, _____, hereby apply to

Athletics South Africa (ASA) for Authorisation to practice as an Athlete's Representative (AR) in South Africa

Before making and signing the application form, I have received and read the ASA AR Regulations and I agree to be bound by and conform to the AR Regulations.

I understand and acknowledge that any violation of ASA Rules or Regulations or any breach of any agreement entered into with ASA or athletes in my capacity as an AR may result in a revocation of my Authorisation as an AR.

I understand that this application and answers, statements and information I have provided are designed to benefit the Athletes and ASA by helping to ensure qualified representation. I unconditionally agree that the information contained herein may be maintained and used by ASA in Preforming their functions and may be provided by ASA to individual Athletes and competition Organisers.

Applicant Signature ______Date _____

1) GENERAL

a) Home Address:

Postal Code: _____

If you have resided elsewhere within the previous ten (10) years, please indicate as follow:

Other Home Address: _____

From the Athletics South Africa Office:
e-Mail: DurellJ@athleticssa.co.za

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S state all names us	<pre>known by any other name or surname?</pre>			
	YES state all names used and when used(including if you are married women			
your maiden name):				
wa wali mada any n	revious application for authorization as an ASA Athlete			
esentative?	If yes, please list all the previous applications			
<u>ON</u>				
duate School Attend	ded:			
e of Attendance: fro	om to			
aree:	date Awarded:			
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gree: lege or University At				

From the Athletics South Africa Office: e-Mail: DurellJ@athleticssa.co.za For more information Website: www.athletics.org.za c) High School Attended :

3) EMPLOYMENT STATUS

a) I am current : (check One)
Employed by:
Name of Employer
Address:
Telephone:
Date of Employment:
Nature of Employment:
Self-Employed :
State the nature and location of your business:

4) PROFESSIONAL REPRESENTATIVE EXPERIENCE (during the past 3 years)

a) Please list below (or attach a list which includes) the names of every Athlete you are now representing or have represented in the past:

b) Elaborate any further involvement in Athletics (Personal Athletics achievements, coaching, event organization experience, representing athletes etc.)

c) List any affiliation to ASA structure:(Licence Holder)

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d)	Do you hold any official appointment or elected position within the ASA structure		
	? if YES , please s	supply details :	
5) <u>SE</u>	ERVICE AND FEES ARRANGEN	<u>IENT</u>	
a)) What services do you provide	to athletes? (place a check next to each service	
	provided)		
	Competition Participation		
	Contract Negotiation		
	Financial Planning		
	Investment counselling		
	Tax Planning		
	Appearances/Endorsements _		
	Other services (Explain)		
b)) If you don't provide services ir	n one or more of the above areas do you make	
	referrals or otherwise assist At	hletes in securing such services? If so, describe	

c) Do you receive a commission or fee for such referrals? Please describe:

what you do in this regard.