2025 ASA PERMANENT LICENCE APPLICATION FORM

ASA ATHLETICS SOUTH AFRICA

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	

Demographics - SRSA Requirement	Black		Coloured		Indian		White	
Age category - SRSA Requirement	Senior+		Junior		High School		Primary School	

Gender:	Male		Female		**Date of Birth** ***(YYYY-MM-DD)*** _ _ _ _ - _ _ - _ _
Title ***(Mr/Ms/Dr/ect.)***					**Initials**
Surname					
First Name					

Type of Identification Document	ID Book/Card		Birth Certificate		Passport		Refugee Permit	
			Number					

ASA Province			
2024 Licence Number		**2025 Licence Number**	
Club Name (in full)	H I L L C R E S T V I L L A G E R S A C		

Residential Address - Domicilium Rule		
	Code	
Postal Address - Domicilium Rule		
	Code	
Tel/Cell phone number	1st	2nd
Email address		
Occupation		

Next of Kin		Name	
Tel/Cell phone number	1st		2nd

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 entirely at my own risk. I indemnify 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 information may be shared with ASA partners, in accordance with the ASA Privacy Policy. I understand that if I am a minor, my parent and/or legal guardian understands the nature of the athletic activity, approve of the declaration above, and sign it on my behalf.

Date: …………………………………… Signature applicant: …………………………………………………………………

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

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

Date: …………………………………… 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: ……………………………………………….