# 2020 ASA PERMANENT LICENCE FORM

**NB: The license number will only be issued to the club when this form is fully completed and presented to the province for recordkeeping. Provinces who fail to adhere to this administrative function will be held accountable.**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Athlete | | Coach | | Tech Off | | Office Bearer | |
| Track&Field | | Off Road Running | | Road Running | | Race Walking | |

**Demographics - SRSA Requirement**

☐ Black ☐ Coloured ☐ Indian ☐ White

**Demographics - SRSA Requirement**

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

**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 (2019)** **Licence Number (2020)** **ASA Province**

CENTRAL GAUTENG

**Club Name (in full)**

RANDBURG HARRIERS

**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/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 license 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 if I am a minor, my parent and/or legal guardian understand the nature of the athletic activity, approve of the decleration above, and sign it on my behalf.

**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……..