



2022 LICENCE FORM



The completeness and accuracy of this submission, helps to improve Athletics South Africa's service to you.

Your Details (Please tick where applicable)

Athlete	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Tech Off	<input type="checkbox"/>	Administrator	<input type="checkbox"/>
Track&Field	<input type="checkbox"/>	Off Road Running	<input type="checkbox"/>	Road Running	<input type="checkbox"/>	Race Walking	<input type="checkbox"/>
Coaching Discipline							

Surname	Title (Mr/Ms/Dr etc)
<input type="text"/>	<input type="text"/>
First Name	Initials
<input type="text"/>	<input type="text"/>

Type of Document ID Document Birth Certificate Passport Refugee Permit

Please enter the relevant Id number: - -

Licence Number (2022)	Licence Number (2021)	ASA Province
<input type="text"/>	<input type="text"/>	L I M P O P O A T H L E T I C S

Club Name (in full)

Gender: Male Female **Date of Birth (YYYY-MM-DD)** - -
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Residential Address - Domicilium Rule	Postal Address
<input type="text"/>	<input type="text"/>
Code	Code

Tel Code	Tel Number (Home)	Tel Code	Tel Number (Work)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cell Phone Number -

E-mail Address

Demographics

Black Coloured Indian White

Occupation

I declare that I am a bona fide athlete/coach/technical official / Administrator. 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 Federation 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. event, road race, cross country event, race walking event or fun run which is not sanctioned by the provincial athletics body and ASA.

Next of Kin: Name Tel

Date: ____ / ____ / ____ Signature.....

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

Signature of Club Representative Signature.....

Signature of Secretary and stamp of LIMA Signature.....

Welcome to the Athletics South Africa Family