



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 relevant	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	KZN
2023 Licence Number	2024 Licence Number
Club Name (in full)	SCOTTBURGH ATHLETICS CLUB

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

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

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 affiliated to the province; and the domicile of the club and application is correct.

Date: Signature and stamp of the Province: