ASA ATHLETICS SOUTH AFRICA

2025 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.

license registration										application system.																					
I am a: Mark all activities relevant Atl											Athlete				Coach					Technical Official						Office Bearer					
Discipline: Mark all activities relavant										Track & Field					Road Running					Off-Road Running						Race Walking					
Der	nog	raph	ics -	SRS	A Re	qui	reme	ent		Black					Coloured					Indian						White					
Age category - SRSA Requirement										Senior+					Junior					High School					Primary School						
Gender: Male Fem						ema	le		Date of Birt				h (YYYY-MM-DD)										-	T - T							
Title (Mr/Ms/Dr/ect					t.)						Initials																				
Surname																															
First Name																															
Type of Identification Document									ID Book/Card					Birth Certificate					Passport			t		Refugee Permit							
														Nur	Number																
ASA Province																															
2024 Licence Number													202	5 Lic	enc	e Nu	ımb	er													
Clu	Club Name (in full)																														
Residential Address - Domicilium Ru							le																								
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Occupation																															
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Next of Kin Name																															
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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.													l t f																		
									Signature applicant: 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:									Sigr	natu	re of	Clu	b Re	pres	enta	itive	:														

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: