

# 2009 LICENSING FORM



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

<input type="checkbox"/> Athlete	<input type="checkbox"/> Coach	<input type="checkbox"/> Technical Official	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Road Running	<input type="checkbox"/> Race Walking
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## Your details (Please tick where appropriate)

Surname  Title (Mr/Mrs/Miss/Dr etc)

First names  Initials

ID number (ID)     Birth certificate (BC)     Permanent residence number (PR)

–  –  Please enter the relevant number

License number (2008)  License number (2009)  Province

Club name (in full)

Gender  Female  Male    Date of birth

Category as at 1/1/2009     <16 Youth     16-19 Junior     20-39 Senior     40-49 Vets     50-59 Master     60+ GrandMaster

Residential address – Domicilium rule  Postal address

Code

Tel code  Telephone number (Home)  Tel code  Telephone number (Work)

Cellphone number

Email address

Home language  Afrikaans  English  Sotho  Xhosa  Zulu  Other (specify)

Occupation

Company name or Self Employed

Type of business

From time to time Nedbank and/or ASA send out marketing or Nedbank Series material that may be of interest to Nedbank Series participants. Please tick if you would like to receive. Tick to receive

(To be completed by Administrator)    **Fees received**    R

I declare that I am a bona fida athlete/coach/technical official. 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 meeting, road race, cross country event, race walking event, or fun run which is not sanctioned by the provincial athletics body 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 in any race, and I agree that it is my responsibility to be medically fit to compete in any event.

Date  Signature

Signature of parent/guardian (where applicant is under the age of 16 years)    Signature

Signature of the club representative    Signature

Signature and stamp of the province    Signature

**Welcome to the Athletics South Africa family**