A S A ATHLETICS SOUTH AFRICA

2026 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														Coa	ch				Technical Official						Office Bearer				
Discipline: Mark all activities relavant Trac										ack & Field				Road Running					Off-Road Running						Race Walking				
													1																
Demographics - SRSA Requirement Bla											ack				Coloured					Indian						White			
Age category - SRSA Requirement										Senior+				Jun	ior				High School						Primary School				
Gender: Male Fen						ema	le		Date of Birt				h (YYYY-MM-DD)									-			-				
Title (Mr/Ms/Dr/ect.)										Initials																			
Surname																													
First Name																													
Type of Identification Document ID B							Book/Card				Birth Certificate					Passport			t		Ref	ugee Permit							
													Nur	nbe	r														
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ASA Province 2025 Licence Number												202	6 Lie	enc	e Nu	ımhe	or.												
Club Name (in full)													202	LIC	CIIC	- Nu													
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Residential Address - Domicilium Rule																													
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Postal	Addr	ess -	Doi	mici	lium	Rul	e																						
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10, 00 p						1 st											2 nd												
Email address Occupation																													
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Next of Kin Name											I	I																	
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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.													d d e y																
Date:										ature applicant:																			
Date: Signatu Club: I confirm that the above informat										re of Parent/Guardian (Younger than 18yrs):																			
	Club:	l co	nfirm	n tha	t the	e abo	ove i	nfor	mati	on is	cor	rect;	the	athl	ete i	s reg	giste	red t	o no	oth	er cl	ub; a	and	dom	icile	is co	rrec	t.	
Date: Sign								natui	re of	Clu	b Re	pres	enta	ative	:														
	Prov	ince	: Lcc	onfir	m th	at th	ne cli	ub is	affil	liate	d to	the	nrov	vince	: an	d the	dor	nicil	e of	the o	lub	and	app	icati	on i	cor	rect.		

rownice. I commit that the class is diffinated to the province, and the dominie of the class and application is correct.

Date: Signature and stamp of the Province: