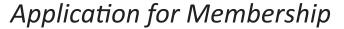


## SAVAGES ATHLETIC CLUB





Licence Number: \_\_\_\_\_ Surname: \_\_\_\_\_\_ Known as: \_\_\_\_\_ First Names: \_\_\_\_\_ Identification Document: ID book/card Birth Certificate Passport Refugee Permit ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ Residential Address: – Domicilium Rule \_\_\_\_\_ Postal Address: (Tick box if same as res) Tel: (H) \_\_\_\_\_\_ (Cell) \_\_\_\_\_ Email Address: \_\_\_\_\_ \_\_\_\_\_ Company: \_\_\_\_\_ Occupation: Relationship: Next of Kin: Contact Details of Next of Kin - Cell: Athlete | Coach | Technical Official | Participation as (tick relevant): Office Bearer Participation in (tick relevant): Road Running Walking Cross-Country Track & Field Senior | | 35 – 39 40 – 49 60 – 69 50 – 59 Age Category: Junior Other Sporting Interests: \_\_\_\_\_ Which of our 3 annual Savages events would you, as a member, be willing to assist with? Saturday Cross-Country Evening Inter-Club Time Trial Sunday Savages Race Were you referred by any Savages member? Yes No Name: What made you want to join Savages? Name of previous Athletic Club: \_ I am not a Member of any other Athletic Club, and/or have left my previous Athletic Club in good standing, as per attached Clearance Letter. I certify that I am an eligible athlete in accordance with the rules of Athletics SA and desire to be registered as an eligible athlete/coach/technical official of Savages Athletic Club. I am not eligible to join any other Athletic Club without a clearance letter from Savages Athletic Club. I understand that my Savages Membership will automatically renew on 1st January each year. Should I wish to resign, I am required to give a calendar months' notice in writing to the Secretary.

An invoice will be emailed to you for payment to finalise your application.

I acknowledge that I have visited the Savages website at www.savagesac.co.za and have read the Savages Constitution.

Please complete the Savages Application Form, ASA Licence Application Form and return together with a copy of your Identity Document and

Signature: \_\_\_\_\_\_

All invoice will be enfailed to you for payment to finalise your application.

Clearance Letter from previous Athletic Club to <a href="mailto:info@savagesac.co.za">info@savagesac.co.za</a>

Date: \_

## ASS A

## 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 Af										Athlete				Coach					Technical Official						Office Bearer				
Discipline: Mark all activities relavant										Track & Field					Road Running				Off-Road Running						Race Walking				
Demo	Blad	Black				Coloured					Indian					White													
Age category - SRSA Requirement										Senior+				Junior					High School					Primary School				ool	
Gender: Male				Female			le		Da	te of	f Birt	th (Y	h (YYYY-MM-DD)									-			-				
Title (Mr/Ms/Dr/ect.)						$\top$			Initials																				
Surname																													
First Name																													
Type of Identification Do					ocument ID			ID E	Book/Card				Birt	irth Certificate				Passport			t		Ref	ugee	Per	mit			
														ımber															
ASA Province																													
2023 Licence Numbe			er										202	4 Lic	enc	e Nu	ımb	er											
Club I	Name	(in f	ull)																										
Daaid	4:-1	ام ۸			!	:1:	- D			I	ı	ı	ı	I	1		I 1	I	ı	I			ı	I	I				
Residential Address - Do				mic	lliun	n Ku	ie	I																					
+																													
-																							Coc	<u> </u>					
Posta	l Addr	ess -	· Doi	nici	lium	Rule	<u>                                      </u>																	Ī					
	1	<u> </u>	<u> </u>		<u> </u>	<u> </u>	Ī																						
+																													
																							Coc	le					
Tel/Cell phone n			num	ber	ı			1 <sup>st</sup>											2 <sup>nd</sup>										
Email address																													
Occupation																													
Next of Kin Name																													
Tel/C	umb	oer				1 <sup>st</sup>											2 <sup>nd</sup>												
<b>DECLARATION:</b> 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:	Date: Sigr										nature applicant:																		
Date:											gnature of Parent/Guardian (Younger than 18yrs):														_				
Club: I confirm that the above info																	giste									is co	rrec	t.	
	Prov	vince	: I co	onfir	m th	at th	ne cl	ub is	affi	lliate	d to	the	prov	vince	e; an	d the	e dor	nicil	e of	the o	lub	and	app	icati	on is	cor	rect.		

Trownect. Feormal that the class is animated to the province, and the domining of the class and application is correct.

Date: ...... Signature and stamp of the Province: ......