201	0			· ^			DI	\Л	Λ	N I						- N		F	E <i>1</i>	ר ר		Л			A :	S/			
																									ALETICS	SOUTH AN	RICA		
NB: The																													
province for recordkeeping. Provinces who fail to adh Athlete Coach												Tech Off											ce Bearer						
Track&Field Off Road Running													Road Running								-		e Walking						
Demographics - SRSA Requirement]		1.04			5					mat			116	-			
Black		red Indian					WF	nite																					
Demogra		ics	- SR	1			mer																						
Gender:	ар I [ale				nale			Г	Date	of F	Birth	(YY	YY-N	лм-	DD)					-			- 1				
	L			so ti	ck v				able								,												
Your Details (Please tick where a Surname																			Title (M					/ls/l	Dr e	tc)			
First Nan	ne																				Init	ials							
Type of Document ID Document								Birth	Certificate Passport							Ref	uge	e Pei	mit										
		-			-						Please enter th				e re	leva	nt n	uml	ber										
Licence I	Licence Number (2					019)			ASA Province																				
Club Nan	ne	(in f	full)																										
Resident	tial	Add	dres	55 - C	Dom	icili	um l	Rule	•						Pos	stal	Add	ress											
Code]									Co	de	<u> </u>						
Tel Code	Nur	nbe	r (H	ome	ne)							Tel Code				Tel	Nur	nbe	r (W	/ork	ork)								
		-																-							I				
		С	ell I	Phor	ne N	lum	ber				İ -																		
E-mail A	ddr																												
		0.00																											
Occupati	ion																								1				
I declare th correct. I ui																													
this license its member																				•		•							
nature whic	ch m	nay a	rise	out o	f my	parti	cipat	ion a	nd I	agree	e that	itis	my re	espoi	nsibil	ity to	be m	nedica	ally f	it to (comp	ete i	n any	ever	nt. I u	nders	tand	that i	
am a minor	r, my	/ par	ent a	nd/o	r leg	al gua	ardia	n un	derst	and t	he na	ature	of th	e ath	letic	activ	ity, aı	oprov	/e of t	the d	ecler	atior	abo	ve, a	nd si	gn it c	on my	beha	lf.
Next of H	Kin:		Nam	ne									1		1		1		Tel										
														1															
Date													Sig	natı	ire					••••									
				10									<u>.</u>																
Signature	e of	t Pa	rent	t/Gu	lard	ian (You	nge	r tha	an 1	8yr:	5)	Sig	natı	ire														
Signature of Club Representative											ci~	nat:																	
										Sig	Signature										•••••								
Signature and stamp of the Province													Signature																

From the Athletics South Africa Office: e-Mail: DurellJ@athleticssa.co.za For more information Website: www.athletics.org.za

Page 2 of 2