



# SAVAGES ATHLETIC CLUB

## Application for Membership



Licence Number: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First Names: \_\_\_\_\_ Known as: \_\_\_\_\_

Identification Document: ID book/card  Birth Certificate  Passport  Refugee Permit

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: – Domicilium Rule \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: (Tick box if same as res)  \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Details of Next of Kin - Cell: \_\_\_\_\_

Participation as (tick relevant): Athlete  Coach  Technical Official  Office Bearer

Participation in (tick relevant): Road Running  Walking  Cross-Country  Track & Field

Age Category: Junior  Senior  35 – 39  40 – 49  50 – 59  60 – 69  70 +

Other Sporting Interests: \_\_\_\_\_

**Which of our 3 annual Savages events would you, as a member, be willing to assist with?**

Evening Inter-Club Time Trial  Saturday Cross-Country  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.

I acknowledge that I have visited the Savages website at [www.savagesac.co.za](http://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 Clearance Letter from previous Athletic Club to [info@savagesac.co.za](mailto:info@savagesac.co.za)**

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

Date: \_\_\_\_\_

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



# 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.

<b>I am a:</b> Mark all activities relevant	Athlete	Coach	Technical Official	Office Bearer
<b>Discipline:</b> Mark all activities relevant	Track & Field	Road Running	Off-Road Running	Race Walking

<b>Demographics - SRSA Requirement</b>		Black	Coloured	Indian	White
<b>Age category - SRSA Requirement</b>		Senior+	Junior	High School	Primary School
<b>Gender:</b>	Male	Female	<b>Date of Birth (YYYY-MM-DD)</b>		
<b>Title (Mr/Ms/Dr/ect.)</b>		<b>Initials</b>			
<b>Surname</b>					
<b>First Name</b>					
<b>Type of Identification Document</b>		ID Book/Card	Birth Certificate	Passport	Refugee Permit
			<b>Number</b>		

<b>ASA Province</b>	
<b>2023 Licence Number</b>	<b>2024 Licence Number</b>
<b>Club Name (in full)</b>	

<b>Residential Address - Domicilium Rule</b>		
		<b>Code</b>
<b>Postal Address - Domicilium Rule</b>		
		<b>Code</b>
<b>Tel/Cell phone number</b>	1 <sup>st</sup>	2 <sup>nd</sup>
<b>Email address</b>		
<b>Occupation</b>		

<b>Next of Kin</b>	Name	
<b>Tel/Cell phone number</b>	1 <sup>st</sup>	2 <sup>nd</sup>

**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.

Date: ..... Signature applicant: .....

Date: ..... 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: ..... Signature of Club Representative: .....

**Province: I confirm that the club is affiliated to the province; and the domicile of the club and application is correct.**

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