



ATHLETICS GRIQUALAND WEST

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2020

**Athlete information needs to be submitted every year to the AGW Office with a Copy of ID Document/Birth Certificate/
 Passport and Permit (in the event of a Foreign Athlete)
 AGW ATHLETE PERMANENT LICENSE INFORMATION**

A PERSONAL INFORMATION

Surname
 Name
 (as indicated on ID Document/Birth Certificate/Passport)

ID Number/Passport Number
 Date of Birth (YYY-MM-DD)

Age

Sex Male Female

Language English Afrikaans Xhosa
 Zulu Sotho Tswana
 Venda

Demographics - SRSA Requirement Black Coloured Indian
 White

Residential Address
 (Domicilium Rule) Postal Code

Cellular Phone Number

ID/Birth Certificate/Passport/Permit/ASA Form attached Yes No

Next of Kin Details

Father	Mother	Wife	Husband	Other (Specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Next of Kin Name
 Next of Kin Surname
 Next of Kin Contact Number

B PARTICIPATION DETAILS

<input type="checkbox"/> Track & Field	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Road Running
<input type="checkbox"/> Trail Running		

Athlete Coach Technical Official Office Bearer

2020 AGW LICENSE NUMBER CHIP NUMBER

C MEDICAL INFORMATION

Medical Aid Yes No

Medical Plan Full Hospital Plan

Medical Aid Name

Medical Aid Number

Medical Aid Contact Number

D CLUB / SCHOOL DETAILS

Full Name of Club

Member of Management Yes No

E AUTHORISED SIGNATURE

Athlete Signature <input type="text"/>	Parent/Guardian Signature (Under 18 years of age) <input type="text"/>	Date <input type="text"/>
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