



ATHLETICS GRIQUALAND WEST

1 Powell Lane, Bishops Club, Room 4, Kimberley, 8301
 Website: www.athleticsgw.co.za
 E-mail: athletics.agw@gmail.com
 Office Manager: Magda Oldewage
 Cell: 083 676 0921
 Secretary: Marelize Boshoff
 Cell: 079 513 3698



2021

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 REGISTRATION FORM

A PERSONAL INFORMATION

Surname
 Name

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

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

Age

Gender 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

Track & Field Cross Country Road Running

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 if yes Position No

E AUTHORISED SIGNATURE

Athlete Signature Parent/Guardian Signature (Under 18 years of age) Date