



**FOR OFFICE USE ONLY:**  
SENIOR/PENSIONER/JUNIOR/LIFE/SOCIAL  
ASA/ERC/NLETTER/WLETTER

CASH/EFT/YOCO                      AMOUNT: \_\_\_\_\_  
2021 LICENCE NUMBER: \_\_\_\_\_

**REGISTRATION FORM 2021**

**BEFORE SUBMITTING THIS FORM, REGISTRATION FOR YOUR ASA LICENCE NUMBER MUST BE COMPLETED ONLINE**

www.asa.saclubs.co.za

If transferring, name of previous running club: \_\_\_\_\_

Have you been a member at ER before? Y\_\_\_\_ N\_\_\_\_                      2020 Licence number: \_\_\_\_\_

**ALL MEMBERS MUST FILL IN THE FOLLOWING:**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_  
First Name: \_\_\_\_\_ Initials: \_\_\_\_\_  
ID number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M\_\_\_\_ F\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**ALL NEW MEMBERS MUST FILL IN THE FOLLOWING; RETURNING MEMBERS MUST FILL IN IF INFORMATION NEEDS TO BE UPDATED ON OUR SYSTEM:**

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Emergency Contact 1: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Emergency Contact 2: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Medical Aid Name: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

*I affirm that all the information provided on this application form is true and correct. I affirm that I have read the rules of Edgemean Runners and agree to abide by them when participating in scheduled training runs and arranged races. I indemnify Edgemean Runners, its sponsors, trainers, committee and fellow members against all and any action of whatever nature that may arise from my participation. I agree that it is my responsibility to be medically fit to compete in any event.  
**I am aware that under ASA rules I must compete in club colours (red club vest, black shorts/tights and red or black cap) failure to adhere to these dress codes could result in a fine.***

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

Parent/Guardian to sign if applicant is younger than 18 years of age when completing this form:

Full Name of Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_