

GOODWOOD HARRIERS



REGISTRATION FORM 2024

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: _____

2023 Licence number: _____

2024 Licence number: _____

SURNAME: _____ TITLE: _____

NAME: _____ INITIALS: _____ GENDER: M / F

DATE OF BIRTH: _____ ID NUMBER: _____

WORK NR: () _____ HOME NR: () _____

CELL NR: () _____

EMAIL: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

COMPANY NAME: _____ OCCUPATION: _____

EMERGENCY CONTACT PERSON 1: _____ CONTACT NR: _____

EMERGENCY CONTACT PERSON 2: _____ CONTACT NR: _____

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 Goodwood Harriers Club and agree to abide by them when participating in scheduled training runs and arranged races. I indemnify Goodwood Harriers Club, 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.

SIGNATURE: _____ DATE: _____

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

FULL NAME OF GUARDIAN: _____ SIGNATURE: _____

PAYMENT DETAILS:

GOODWOOD HARRIERS RUNNING CLUB
ABSA SAVINGS ACCOUNT
ACCOUNT NUMBER 930 329 5183
REFERENCE: NAME+SURNAME+SUBS
EMAIL PROOF TO goodwoodharriers@gmail.com

FOR ADMIN USE ONLY:

ASA: Yes / No / Pending Cash / EFT
Amount paid: R _____
Annual subs amount: R _____
Goodwood Club number: _____