



ATHLETICS GRIQUALAND WEST

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102 Kenilworth Road, De Beers Stadium Kimberley, 8301
 Website: www.agw.org.za
 E-mail: registration@agw.org.za / admin@agw.org.za

2025

**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

PERSONAL INFORMATION

A

Surname

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

ID Number/Passport Number

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

Age

Age			
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Gender

Male		Female	
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Language

English		Afrikaans		Xhosa	
Zulu		Sotho		Tswana	
Venda					

Demographics - SRSA Requirement

Black		Coloured		Indian	
White					

Residential Address

Residential Address					
(Domicilium Rule)				Postal Code	

Cellular Phone Number

Cellular Phone Number			
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ID/Birth Certificate/Passport/Permit/ASA Form attached

Yes

No

Next of Kin Details

Father	Mother	Wife	Husband	Other (Specify)

Next of Kin Name

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

PARTICIPATION DETAILS

B

Track & Field

Cross Country

Road Running

Trail Running

Athlete

Coach

Technical Official

Office Bearer

2021 AGW LICENSE NUMBER

CHIP NUMBER

MEDICAL INFORMATION

C

Medical Aid

Yes		No	
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Medical Plan

Full		Hospital Plan	
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Medical Aid Name

Medical Aid Name			
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Medical Aid Number

Medical Aid Number			
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Medical Aid Contact Number

Medical Aid Contact Number			
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CLUB / SCHOOL DETAILS

D

Full Name of Club

Full Name of Club			
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Member of Management

Yes		if yes	Position		No	
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AUTHORISED SIGNATURE

E

Athlete Signature

Parent/Guardian Signature (Under 18 years of age)

Date