



ATHLETICS GRIQUALAND WEST

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102 Kenilworth Road, De Beers Stadium Kimberley, 8301

Website: [www.agw.org.za](http://www.agw.org.za)E-mail: [registration@agw.org.za](mailto:registration@agw.org.za) / [admin@agw.org.za](mailto: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

## 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)	
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	
2021 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