



CENTRAL GAUTENG ATHLETICS COACHES AFFILIATION FORM

I hereby wish to apply to be accredited as a CGA Coach.

I understand that accreditation will only take place if I am athletically active.

WERE YOU PREVIOUSLY ACCREDITED BY CGA?

YES: NO: WHAT YEAR:

CLUB		LICENCE NO.	
SURNAME			
NAME			
ID NUMBER			
GENDER	MALE	<input type="checkbox"/>	FEMALE
ADDRESS			
TELEPHONE (W)	()		
CELL			
EMAIL			
EVENTS COACHING			
SIZE OF GOLF SHIRT			

QUALIFICATION LEVEL (Please provide proof of Qualification):

Provincial affiliation: ASA LEVEL 1 ASA LEVEL 2

Athletics SA Accreditation level:

ASA LEVEL 3

WA LEVEL 1 WA LEVEL 2 WA LEVEL 3

WA LEVEL 4 WA LEVEL 5

Please forward a fully completed affiliation form, recent ID photo (electronic version in JPEG-format), copy of qualification certificate and proof of payment to bestab@centralgautengathletics.co.za. Payment must be made to Central Gauteng Athletics account number 62383418326, FNB Germiston, Branch code 250-142. Use name as Reference.

Affiliation Fee: Provincial: R 500-00 YES NO

Signature: _____ Date: _____

1. I agree to abide by the rules and regulations of CGA and/or ASA.
2. I agree to abide by the Coaches Code of Conduct as laid out by ASA.
3. I understand that the Committee reserves the right to reject your affiliation with good reason.