

Physical Address
Kings Park Athletic Stadium
41 Isaiah Ntshangase Road
Durban
4001

Telephone: 031 312 9374

E-Mail: admin@kznathletics.co.za

Website: www.kznathletics.co.za

SUB-ELITE ATHLETE DEVELOPMENT PROGRAM APPLICATION FORM

1. PARTICULARS OF ATHLETE

FULL NAME	
IDENTITY NUMBER	
GENDER	
RACE	
HEIGHT	
WEIGHT	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
OCCUPATION (if applicable)	
NAME OF SCHOOL/ TERTIARY INSTITUTION/	
EMPLOYER	
CONTACT NUMBER	
EMAIL ADDRESS	
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CLUB	
DISTRICT	

2. PARTICULARS OF COACH

COACH'S NAME	
COACH'S CONTACT NUMBER	
COACH'S EMAIL ADDRESS	
COACHING QUALIFICATIONS	
STATUS OF CRIMINAL RECORD CLEARANCE	
STATUS OF CHILD PROTECTION REGISTER CLEARANCE	
STATUS OF SEXUAL OFFENDERS REGISTER CLEARANCE	
STATUS OF SAFE GUARDING AWARENESS CERTITICATION	

3. ACHIEVEMENTS

	DATE OF ACHIEVEMENT	NAME OF COMPETITION IN WHICH ACHIEVEMENT WAS RECORDED	EVENT IN WHICH ACHIEVEMENT WAS RECORDED	ACHIEVEMENT (POSITION, TIME, DISTANCE, ETC)	WORLD RANKING (IF APPLICABLE)
A					
В					
С					
D					
E					

4. OTHER NOTEWORTHY ACHIEVEMENTS

Α	
В	

С		
D		
E		
MOTIVATION		
The club is to attach a separate motivation for each	athlete, signed by the chairperson and bearing	g the official stamp of the organizatio
I, the undersigned, confirm that all facts submitted h	erewith are true and correct.	
NAME OF CLUB CHAIRPERSON	SIGNATURE	DATE
WITNESS 1	WITNESS 1	
CLUB STAMP		

You are requested to email all applications to: KwaZulu-Natal Athletics office, Ms. Happiness Mkhize at support@kznathletics.co.za and copy development@kznathletics.co.za by Thursday , 12:00 on the 25th of September 2025.