

**ATHLETES No**  
.....

**PLEASE  
ATTACH YOUR  
PHOTO HERE**

**UGANDA ATHLETICS FEDERATION**

**Member Association/Club**.....

**ATHLETES AFFILIATION FORM**

Full names of Athlete.....  
Date of Birth.....Village..... Sub-County.....  
County..... District .....Nationality.....  
Passport No..... Place of Issue.....  
Date of issue..... Date of Expiry.....  
Physical Address.....  
Telephone..... Email.....  
Mother's Names: .....  
Father's Names: .....  
Occupation: .....  
School ..... Year of admission .....  
Class ..... Admission No.....  
Expected year of completion .....  
No. of years with the Team .....

Events	Personal Best
1. ....	.....
2. ....	.....
3. ....	.....

1<sup>st</sup> year in Athletics.....Number of active years in Athletics.....  
Highest Competition ever attended.....  
Venue..... Year .....  
Name of Coach..... No of years with Coach.....

**I agree to abide by the Constitution, Rules & Regulations of UAF and IAAF, the athletes code of conduct and to compete for the above Association/ Club for the entire ...../.....Season.**

Signature ..... Date.....

Name of Official..... Sign.....

**Official Stamp**