

2011/2011 SSA CAPITATION FORM
(PLEASE PRINT - COMPLETE ALL BLOCKS WITH *)

If none enter RSA Birth Registration Number / Passport Number

* RSA IDENTITY NUMBER

*LAST NAME

*LEGAL FIRST NAME

MIDDLE NAMES

PREFERRED FIRST NAME

(ONLY If different to first name)

*DATE OF BIRTH AGE *GENDER F M

(DD/MM/YYYY)

*MAILING ADDRESS (Including postal code)

*CODE:

*RESIDENTIAL ADDRESS (Physical address)

CODE:

CONTACTS:
(Include codes)

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

*RELATIONSHIP	<input type="text"/>	<input type="text"/>
*NAMES	<input type="text"/>	<input type="text"/>
*CELL	<input type="text"/>	<input type="text"/>
*HOME PHONE	<input type="text"/>	<input type="text"/>
*WORK PHONE	<input type="text"/>	<input type="text"/>
*FAX 1	<input type="text"/>	<input type="text"/>
FAX 2	<input type="text"/>	<input type="text"/>
*E-MAIL 1	<input type="text"/>	<input type="text"/>
E-MAIL 2	<input type="text"/>	<input type="text"/>

*ETHNICITY In accordance with S.A. Census (Dropdown)

ASIAN 1 BLACK 2 COLOURED 3 INDIAN 4 WHITE 5

MEDICAL AID: NAME: SCHEME:

DATE OF REGISTRATION ELIGIBILITY DATE FOR PARTICIPATION

*FIRST DISCIPLINE & OTHERS(Rules & Fees)

LTS SWIMMER AL SWIMMING OFFICIAL B SWIMMING COACH C MASTER M

DIVER D DIVING OFFICIAL E DIVING COACH F Masters DIVER T

SYNCHRO G SYNCHRO OFFICIAL H SYNCHRO COACH I Masters Synchro U

W/POLO PLAYER J W/POLO OFFICIAL K W/POLO COACH L Masters W/Polo Palyer V

O/WATER SWIMMER P O/WATER OFFICIAL R O/WATER COACH S Masters OWS W

DISABLED SWIMMER Q ADMIN OFFICIAL N LTS INSTRUCTOR O W/POLO PLAYER Schools JS

*AFFILIATE MEMBER (PROVINCE NAME)

Club Batch N° Prov Batch N°

*NAME OF CLUB YOU REPRESENT *NEW REGISTRATION RENEWAL

* Remit ID/Birth Certificate (not drivers licence) to club/province

*COACH YEAR LAST REGISTERED Yes / NO

were you registered with a different SSA club in 2006/2007?

Yes ** No

SSA REGISTRATION NUMBER

** Remit clearance certificate to club/province

YMMDD/first 3 letters legal first name/initial middle name or * / First 4 letters surnam

*S.A. Citizen?

Yes No

*Dual Citizen?

**Yes No

*Are you a member of another Fina federation?

**Yes No

**Specify

**Specify

*SA Permanent Resident?

Yes No

*State your Sport Nationality?

SA Other

Tech Officials Qualifications:

SA Id Number: Exp. Date

SIGN HERE

(Signature of athlete)

SIGN HERE

(If under the age of 21, signature of parent or guardian)

PLAN: NO.:

ON SIGNATURE, THE INDIVIDUAL MEMBER CONFIRMS ACCEPTANCE OF THE SSA CONSTITUTION & IS BOUND BY THE PROVISIONS THEREIN(See SSA website for Constitution)

Signature of Applicant _____

Signature of parent / Guardian if applicant under 21 _____