

SSA CAPITATION FORM 2014 - 2015
(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 <small>(Thai, Chinese etc)</small>	1	BLACK	2	COLOURED	3	INDIAN	4	WHITE	5
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MEDICAL AID: NAME: SCHEME:

DATE OF REGISTRATION ELIGIBILITY DATE FOR PARTICIPATION

***FIRST DISCIPLINE & OTHERS(Rules & Fees)**

SWIMMER	<input type="text"/> A	Swimming OFFICIAL	<input type="text"/> B	Swimming COACH	<input type="text"/> C	MASTER	<input type="text"/> M
DIVER	<input type="text"/> D	DIVING OFFICIAL	<input type="text"/> E	DIVING COACH	<input type="text"/> F	MASTERS DIVER	<input type="text"/> T
SYNCHRO	<input type="text"/> G	SYNCHRO OFFICIAL	<input type="text"/> H	SYNCHRO COACH	<input type="text"/> I	MASTERS SYNCHRO	<input type="text"/> U
W/POLO PLAYER	<input type="text"/> J	W/POLO OFFICIAL	<input type="text"/> K	W/POLO COACH	<input type="text"/> L	MASTERS W/POLO PLAYER	<input type="text"/> V
O/WATER SWIMMER	<input type="text"/> P	O/WATER OFFICIAL	<input type="text"/> R	O/WATER COACH	<input type="text"/> S	MASTERS OWS	<input type="text"/> W
DISABLED SWIMMER	<input type="text"/> Q	ADMIN OFFICIAL	<input type="text"/> N	LTS INSTRUCTOR	<input type="text"/> O	W/POLO PLAYER SCHOOLS	<input type="text"/> JS

*AFFILIATE MEMBER (PROVINCE NAME)

*NAME OF SCHOOL YOU ATTEND

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

were you registered with a different SSA club in 2010/2011? Yes ** No

SSA REGISTRATION NUMBER

** Remit clearance certificate to club/province

YYMMDD/first 3 letters legal first name/initial middle name or * / First 4 letters surname

*S.A. Citizen?	<input type="text"/> Yes <input type="text"/> No	*Dual Citizen?	<input type="text"/> **Yes <input type="text"/> No	*Are you a member of another Fina federation?	<input type="text"/> **Yes <input type="text"/> No
*SA Permanent Resident?	<input type="text"/> Yes <input type="text"/> No	*State your Sport Nationality?	<input type="text"/> SA <input type="text"/> Other	**Specify	<input type="text"/>

Tech Officials Qualifications:

SA ID & PASSPORT NUMBER EXP Date

SIGN HERE
(Signature of athlete)

SIGN HERE
(if under the age of 21, signature of parent or guardian)

PLAN: MED AID NO.: Condition

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