

2015/2016 SSA CAPITATION FORM (Schedule II 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

*DATE OF BIRTH **AGE** *GENDER F M

*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:

Signature of Applicant _____

DATE OF REGISTRATION ELIGIBILITY DATE FOR PARTICIPATION

*FIRST DISCIPLINE & OTHERS(Rules & Fees)

SWIMMER <input type="text"/> A	OFFICIAL <input type="text"/> B	COACH <input type="text"/> C	Masters <input type="text"/> M
DIVER <input type="text"/> D	OFFICIAL <input type="text"/> E	COACH <input type="text"/> F	Masters <input type="text"/> T
SYNCHRO <input type="text"/> G	OFFICIAL <input type="text"/> H	COACH <input type="text"/> I	Masters <input type="text"/> U
W/POLO PLAYER <input type="text"/> J	OFFICIAL <input type="text"/> K	COACH <input type="text"/> L	Masters <input type="text"/> V
O/WATER SWIMMER <input type="text"/> P	OFFICIAL <input type="text"/> R	COACH <input type="text"/> S	Masters <input type="text"/> W
DISABLED SWIMMER <input type="text"/> Q	ADMIN OFFICIAL <input type="text"/> N	LTS INSTRUCTOR <input type="text"/> O	Level 0,1,2,3 <input type="text"/>

*AFFILIATE MEMBER (PROVINCE NAME)

KZN AQUATICS

Club Batch N° Prov Batch N°

*NAME OF CLUB YOU REPRESENT
FISH EAGLE SWIMMING CLUB

*NEW REGISTRATION RENEWAL

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

*COACH

YEAR LAST REGISTERED

*Were you registered with a different SSA registered club in 2014/2015?
 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?
 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 Passport No. 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 KZNA AND SSA CONSTITUTIONS & IS BOUND BY THE PROVISIONS THEREIN

(See KZNA \$SSA website for Constitution)

Signature of parent / Guardian if applicant under 21 _____