

**2016/2017 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   
**(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 (Thai)  1 BLACK  2 COLOURED  3 INDIAN  4 WHITE  5

MEDICAL AID: NAME:  SCHEME:

# ON SIGNATURE, THE INDIVIDUAL MEMBER CONFIRMS ACCEPTANCE OF THE KZNA AND SSA CONSTITUTIONS & IS BOUND BY THE PROVISIONS THEREIN

Signature of Applicant \_\_\_\_\_

DATE OF REGISTRATION  ELIGIBILITY DATE FOR PARTICIPATION

\*FIRST DISCIPLINE & OTHERS(Rules & Fees)

SWIMMER <input type="checkbox"/> A	OFFICIAL <input type="checkbox"/> B	COACH <input type="checkbox"/> C	Masters <input type="checkbox"/> M
DIVER <input type="checkbox"/> D	OFFICIAL <input type="checkbox"/> E	COACH <input type="checkbox"/> F	Masters <input type="checkbox"/> T
SYNCHRO <input type="checkbox"/> G	OFFICIAL <input type="checkbox"/> H	COACH <input type="checkbox"/> I	Masters <input type="checkbox"/> U
W/POLO PLAYER <input type="checkbox"/> J	OFFICIAL <input type="checkbox"/> K	COACH <input type="checkbox"/> L	Masters <input type="checkbox"/> V
O/WATER SWIMMER <input type="checkbox"/> P	OFFICIAL <input type="checkbox"/> R	COACH <input type="checkbox"/> S	Masters <input type="checkbox"/> W
DISABLED SWIMMER <input type="checkbox"/> Q	ADMIN OFFICIAL <input type="checkbox"/> N	LTS INSTRUCTOR <input type="checkbox"/> 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  \*NEW REGISTRATION  RENEWAL

**FISH EAGLE SWIMMING CLUB**

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

\*COACH  YEAR LAST REGISTERED

\*Were you registered with a different SSA registered club in 2015/2016?

Yes \*\*  No

\*\* Remit clearance certificate to club/province

\*S.A. Citizen?  
Yes  No

\*SA Permanent Resident?  
Yes  No

SA Passport No.  Exp. Date

SSA REGISTRATION NUMBER

YYMMDD/first 3 letters legal first name/initial middle name or

\*Dual Citizen?  \*\*Yes  No   
\*Are you a member of another Fina federation?  \*\*Yes  No   
\*\*Specify  \*\*Specify

\*State your Sport Nationality?  SA  Other  Tech Officials Qualifications:

# SIGN HERE

(Signature of athlete)

# SIGN HERE

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

PLAN:  NO.:

(See KZNA \$SSA website for Constitution)

Signature of parent / Guardian if applicant under 21 \_\_\_\_\_