

2018/2019 SSA CAPITATION FORM (Schedule II Form)
(PLEASE PRINT - COMPLETE ALL BLOCKS WITH *)

DATE OF REGISTRATION ELIGIBILITY DATE FOR PARTICIPATION

If none enter RSA Birth Registration Number / Passport Number

* RSA IDENTITY NUMBER

*SURNAME

*LEGAL FIRST NAME

MIDDLE NAMES

PREFERRED FIRST NAME
(ONLY If different to first name)

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

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

*DATE OF BIRTH AGE *GENDER
(DD/MM/YYYY)

*MAILING ADDRESS (Including postal code)
*CODE:

*RESIDENTIAL ADDRESS (Physical address)
CODE:

***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

CONTACTS: (OWN IF OFFICIAL, COACH OR LTS)
(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"/>

*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 * / First 4 letters surname

*Dual Citizen?
**Yes No

*Are you a member of another Fina federation?

**Yes No

**Specify

**Specify

*State your Sport Nationality?
Tech Officials Qualifications:

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

ASIAN (Thai) BLACK COLOURED INDIAN WHITE

MEDICAL AID: NAME: SCHEME:

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 \$\$\$SA website for Constitution)

Signature of Applicant _____

Signature of parent / Guardian if applicant under 21 _____