

2014/2015 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, Chinese etc) 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)**

SWIMMER A OFFICIAL B COACH C Masters M

DIVER D OFFICIAL E COACH F Masters T

SYNCHRO G OFFICIAL H COACH I Masters U

W/POLO PLAYER J OFFICIAL K COACH L Masters V

O/WATER SWIMMER P OFFICIAL R COACH S Masters W

DISABLED SWIMMER Q ADMIN OFFICIAL N LTS INSTRUCTOR O Level 0,1,2,3

***AFFILIATE MEMBER (PROVINCE NAME)**

KZN

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 2013/2014?

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 SSA CONSTITUTION & IS BOUND BY THE PROVISIONS THEREIN(See SSA website for Constitution)

Signature of Applicant _____

Signature of parent / Guardian if applicant under 21 _____