

2010/2011 SSA CAPITATION FORM
 (PLEASE PRINT - COMPLETE ALL BLOCKS WITH *)

DATE OF REGISTRATION ELIGIBILITY DATE FOR PARTICIPATION

*FIRST DISCIPLINE & OTHERS(Rules & Fees)

If none enter RSA Birth Registration Number / Passport Number

* RSA IDENTITY NUMBER

SWIMMER A Swimming OFFICIAL B **Swimming COACH** C **SWIMMING Coach/SWIMMER** CO DIVER D (LEARNS) SWIMMING AL

*LAST NAME

DIVING OFFICIAL E DIVING COACH F SYNCHRO SWIMMER G SYNCHRO OFFICIAL H SYNCHRO COACH I (LEARNS) DIVING DL

*LEGAL FIRST NAME

W/POLO PLAYER J W/POLO SCHOOLS JS W/POLO OFFICIAL K W/POLO PLAYER COACH L MASTER SWIMMER M (LEARNS)SYNCHRO GL

MIDDLE NAMES

ADMIN OFFICIAL N LTS INSTRUCTOR O OW SWIMMER P DISABLE SWIMMER Q OW/SWIMMER Official R (LEARNS) W/POLO JL

PREFERRED FIRST NAME

OW/COACH S MASTER DIVER T MASTER SYNCHRO U Masters W/POLO PLAYER V MASTER OWS W (LEARNS)OWS PL

(ONLY If different to first name)

*DATE OF BIRTH AGE *GENDER F M

W/POLO PLAYER/SWIMMER JS **OWS/SWIMMER** PS **SWIMMING COACH/LTS** SL # All coaches needs to fill this in and provide copy ofcertificates

(DD/MM/YYYY)

*MAILING ADDRESS (Including postal code)
 *CODE:

*AFFILIATE MEMBER (PROVINCE NAME) * NAME OF SCHOOL YOU ATTEND

Club Batch N° Prov Batch N°

*RESIDENTIAL ADDRESS (Physical address)
 CODE:

*NAME OF CLUB YOU REPRESENT NEW REGISTRATIC RENEWAL
 * Remit ID/Birth Certificate (not drivers licence) to club/province

*COACH YEAR LAST REGISTERED

CONTACTS:
 (Include codes)

were you rgistered with a different SSA club in 2009/2010? Yes ** No SSA REGISTRATION NUMBER

	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"/>

** Remit clearance certificate to club/province

*S.A. Citizen? Yes No *Dual Citizen? **Yes No member **Yes No
 **Specify **Specify

*ETHNICITY In accordance with S.A. Census (Dropdown)
 ASIAN (Thai, Chinese etc) 1 BLACK 2 LOURED 3 INDIAN 4 WHITE 5

*SA Permanent Resident? Yes No *State your Sport Nationality? Tech Officials Qualifications: SA Other

MEDICAL AID: NAME: SCHEME:

SA Passport Number./Foregn 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: 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 _____