

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 (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 <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
* 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 Applicant _____

Signature of parent / Guardian if applicant under 21 _____