

2023/2024 SSA CAPITATION FORM

(PLEASE PRINT OR TYPE - COMPLETE ALL BLOCKS WITH *)

* RSA ID/PASSPORT NUMBER			
	NB: When typing a number - type an apostrophe first. eg. '0123456		
*LAST NAME			
*LEGAL FIRST NAME			
*MIDDLE NAMES			
*PREFERRED FIRST NAME (ONLY If different to first name)			
*DATE OF BIRTH		AGE	
	(DD/MM/YYYY)		
*GENDER	F	M	
*MAILING ADDRESS (Including postal code)			
	CODE:		
*CONTACT DETAILS	CELL:		
	EMAIL:		
*RESIDENTIAL ADDRESS (Physical address)			
	CODE:		

CONTACTS:	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
*RELATIONSHIP		
*NAMES		
*CELL		
*HOME PHONE (include code)		
*WORK PHONE (include code)		
*FAX 1		
*E-MAIL 1		

*ETHNICITY -	ASIAN	BLACK	COLOURED
In accordance with S.A. Census	1	2	3
Please highlight number or mark with an X	INDIAN 4	WHITE 5	

*MEDICAL AID:	NAME:	
	SCHEME:	

NAME OF SCHOOL/TERTIARY INSTITUTE : N/A

SIGNATURE OF APPLICANT	
	(If under the age of 21, signature of parent or guardian)
#SIGNATURE	Name of Parent/Guardian

NB: BOTH SIGNATURE BLOCKS MUST BE SIGNED

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

DATE OF REGISTRATION	
ELIGIBILITY DATE FOR PARTICIPATION	

*FIRST DISCIPLINE & OTHERS		Please highlight code or mark with X					
SWIMMER	A	SWIMMING OFFICIAL	B	SWIMMING COACH	C	SWIM MASTERS	M
DISABLED SWIMMER	Q	SCHOOLS SWIMMER	SS	LTS PARTICIPANT	AL	LEVEL 1 SWIMMER	3R
DIVER	D	DIVING OFFICIAL	E	DIVING COACH	F	DIVING MASTERS	T
SCHOOLS DIVER	SD	LTS PARTICIPANT	DL				
ARTISTIC	G	ARTISTIC OFFICIAL	H	ARTISTIC COACH	I	ARTISTIC MASTERS	U
SCHOOLS ARTISTIC	SG	LTS PARTICIPANT	GL				
W/POLO PLAYER	J	W/POLO OFFICIAL	K	W/POLO COACH	L	W/POLO MASTERS	V
SCHOOLS W/POLO	JS	O/WATER OFFICIAL	R				
O/WATER SWIMMER	P	LTS OWS	PL	O/WATER COACH	S	OWS MASTERS	W
O/WATER SCHOOLS	SW						
LTS INSTRUCTOR	O	CLASIFICATION FOR DISALED SWIMMER:					
ADMIN OFFICIAL	N						

*AFFILIATE MEMBER (PROVINCE NAME)
KZNA

Club Batch Number		Prov Batch Number	
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*NAME OF CLUB YOU REPRESENT SEAGULLS SWIMMING CLUB	NEW REGISTRATION	RENEWAL
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*COACH

*State Club/Province

*S.A. Citizen?	
Yes	No

*Dual Citizen?	
**Yes	No

**Specify	
*SA Permanent Resident?	
Yes	No

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

RSA ID Number./PASSPORT NUMBER	PASSPORT EXP:DATE
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Technical Officials Qualifications:

SIGNATURE OF ATHLETE

	(If under the age of 21, signature of parent or guardian)
#SIGNATURE	Name of Parent/Guardian