

**2008/2009 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)   
(DD/MM/YYYY)  
 \*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="text"/> A	OFFICIAL <input type="text"/> B	COACH <input type="text"/> C	Masters <input type="text"/> M
DIVER <input type="text"/> D	OFFICIAL <input type="text"/> E	COACH <input type="text"/> F	Masters <input type="text"/> T
SYNCHRO <input type="text"/> G	OFFICIAL <input type="text"/> H	COACH <input type="text"/> I	Masters <input type="text"/> U
W/POLO PLAYER <input type="text"/> J	OFFICIAL <input type="text"/> K	COACH <input type="text"/> L	Masters <input type="text"/> V
O/WATER SWIMMER <input type="text"/> P	OFFICIAL <input type="text"/> R	COACH <input type="text"/> S	Masters <input type="text"/> W
DISABLED SWIMMER <input type="text"/> Q	ADMIN OFFICIAL <input type="text"/> N	LTS INSTRUCTOR <input type="text"/> O	Level 0,1,2,3 <input type="text"/>

\*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

\*Were you registered with a different SSA registered club in 2007/2008?  
 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 <input type="checkbox"/> No <input type="checkbox"/>	*Dual Citizen? **Yes <input type="checkbox"/> No <input type="checkbox"/>	*Are you a member of another Fina federation? **Yes <input type="checkbox"/> No <input type="checkbox"/>
	**Specify <input type="text"/>	**Specify <input type="text"/>

\*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 \_\_\_\_\_