

2020/2021 SSA CAPITATION 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 <input type="checkbox"/> A	Swimming Official <input type="checkbox"/> B	Swimming Coach <input type="checkbox"/> C	Masters <input type="checkbox"/> M	Schools Swimmer <input type="checkbox"/> SS	Disabled Swimmer <input type="checkbox"/> Q	Swimmer LTS Participants <input type="checkbox"/> AL
DIVER <input type="checkbox"/> D	Diving Official <input type="checkbox"/> E	Diving Coach <input type="checkbox"/> F	Master Diver <input type="checkbox"/> T	Open Water Schools <input type="checkbox"/> PL	Admin Official <input type="checkbox"/> N	Diving LTS Participants <input type="checkbox"/> DL
SYNCHRO <input type="checkbox"/> G	Synchro Official <input type="checkbox"/> H	Synchro Coach <input type="checkbox"/> I	Master Synchro <input type="checkbox"/> U	LTS Instructor/Coach <input type="checkbox"/> CO	LTS Instructor <input type="checkbox"/> O	Synchro LTS Participants <input type="checkbox"/> GL
Water Polo Player <input type="checkbox"/> J	Water Polo Official <input type="checkbox"/> K	Water Polo Coach <input type="checkbox"/> L	Master Water Polo Player <input type="checkbox"/> V	W/Polo Player/Schools <input type="checkbox"/> JL		
OW/Swimmer <input type="checkbox"/> P	OWS Official <input type="checkbox"/> R	OWS Coach <input type="checkbox"/> S	Master OWS <input type="checkbox"/> W	OWS LTS Participants <input type="checkbox"/> PL		

*AFFILIATE MEMBER (PROVINCE NAME)

NELSON MANDELA BAY AQUATICS (NMBA)

Club Batch N°

Prov Batch N°

*NEW

*NAME OF CLUB YOU REPRESENT REGISTRATION RENEWAL

* Remit ID/Birth Certificate (not drivers licence) to club/province

NAME OF SCHOOL/TERTIARY INSTITUTE:

*COACH YEAR LAST REGISTERED

were you registered with a different SSA club in 2016/2017

Yes ** No

SSA REGISTRATION NUMBER

** Remit clearance certificate to club/province

*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 Number /Foreign 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 _____