|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Related image**SSA CAPITATION** | | | | | EGA EMBLEM**AFFILIATE: EGA** | | | | | | | | |
| **CAPITATION FORM - SEASON 2021| 2022**  **(It is compulsory for all athletes, coaches Admin Officials & Technical Officials to complete this form)** | | | | | | | | | | | | | |
| First discipline & others (mark block with ***X***) | **Gender** | M | F | **Ethnicity** | 1  Asian | | 2  Black | | 3 Coloured | | 4  Indian | | 5  White |
| **A** Swimmer  3R Swimmer  **(Level 1)** | Last name | | | |  | | | | | | | | |
| **B** Swim Official | Full Name(s)  (as per ID document) | | | |  | | | | | | | | |
| **C** Swim Coach | Preferred Name | | | |  | | | | | | | | |
| **SS** School Swimmer only | **SSA Registration no** | | | |  | | | | | | | | |
| **O** Learn to Swim Instructor | SA ID number | | | |  | | | | | | | | |
| **M** Master swimmer | If not SA Citizen, passport number & Country | | | |  | | | | | | | | |
| **D** Diver | Club and Name of Coach | | | |  | | | | | | | | |
| **DS** School Diver |
| **E** Dive  Official | Were you registered with different club in 2020 season? If so, state name of club and Province. | | | |  | | | | | | | | |
| **F** Dive  Coach | Date of birth DD/MM/YYYY | | | |  | | | | | | | | |
| **T** Master  diver | Own Cell no | | | |  | | | | | | | | |
| **J** W/P  Player | Own E-mail Address | | | |  | | | | | | | | |
| **K** W/P  Official | Postal Address | | | |  | | | | | | | | |
| **L** W/P  Coach |
| **JS** School W/P player | Residential Address | | | |  | | | | | | | | |
| **V** Master  W/P player | Medical Aid, Scheme & plan & no | | | |  | | | | | | | | |
| **P** O/W Swimmer | All learners & students: Name of School or University | | | |  | | | | | | | | |
| **R** O/W  official | Father/Guardian name & surname | | | |  | | | | | | | | |
| **S** O/W  Coach | Father/Guardian Cell no & home tel no | | | |  | | | | | | | | |
| **PS** School O/W swimmer | Father/Guardian e-mail address | | | |  | | | | | | | | |
| **W** Masters OWS | Mother name & surname | | | |  | | | | | | | | |
| **Q** Disabled Swimmer | Mother Cell no. & home tel no | | | |  | | | | | | | | |
| **N** Admin Official | Mother e-mail address | | | |  | | | | | | | | |
| **All technical officials please indicate if you have done the following courses** | | | | | | **Timekeeping** | | **Judge** | | **Starter** | | **Referee** | |

…………………. ……………. …………………………………………………………..

Signature Date Signature of parent/guardian if applicant is under 18