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| **SSA CAPITATION** | | | | | **AFFILIATE: NTS** | | | | | | | | | |
| **CAPITATION FORM - SEASON 2018/2019**  **(It is compulsory for all athletes, coaches and 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 | Last name | | | |  | | | | | | | | | |
| **B** Swim Official | Full Name(s)  (as per ID document) | | | |  | | | | | | | | | |
| **C** Swim Coach | Preferred Name | | | |  | | | | | | | | | |
| **SS** School Swimmer | SSA Registration no | | | |  | | | | | | | | | |
| **M** Master swimmer | ID number (if not SA Citizen, passport number & Country) | | | |  | | | | | | | | | |
| **D** Diver | Club and Name of Coach | | | |  | | | | | | | | | |
| **SD** School Diver |
| **E** Dive Official | Were you registered with different club in 2016/2017 season? If so, state name of club and Province. | | | |  | | | | | | | | | |
| **F** Dive Coach | Date of birth ddmmyyyy | | | |  | | | | | | | | | |
| G Synchro | Own Cell no | | | |  | | | | | | | | | |
| SG School Synchro | Own E-mail Address | | | |  | | | | | | | | | |
| H Synchro Official | Postal Address | | | |  | | | | | | | | | |
| I Synchro Coach |
| J W/P Player | Residential Address | | | |  | | | | | | | | | |
| **JL** School W/P player |
| **K** W/P Official | Medical Aid, Scheme & plan & no | | | |  | | | | | | | | | |
| **L** W/P Coach |
| **P** O/W Swimmer | All learners & students: Name of School or University | | | |  | | | | | | | | | |
| **SP** School O/W Swimmer | Father/Guardian name & surname | | | |  | | | | | | | | | |
| **R** O/W official | Father/Guardian Cell no & home tel no | | | |  | | | | | | | | | |
| **S** O/W Coach | 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 | |

I confirm acceptance of the SSA Constitution & Code of Conduct (Refer to SSA Website)

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