

CTMA / SSA CAPITATION

AFFILIATE: WPSWP

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	
		All technical officials please indicate if you have done the following courses						TIMEKEEPER	JUDGE	COMP STEWARD	STARTER	REFEREE	ET / MM			
A Swimmer	Last name															
B Swim Official	Full Name(s) (as per ID document)															
C Swim Coach	Preferred Name															
SS Level 1 / School Swimmer only	SSA Registration no															
M Master swimmer	ID number (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 2017/2018 season? If so, state name of club and Province.															
F Dive Coach	Date of birth ddmmyyyy															
T Master diver	Own Cell no															
J W/P Player	Own E-mail Address															
K W/P Official	Postal Address															
L W/P Coach																
JL 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															
O LTS Instructor	MULTIDISABILITY CLASSIFICATION															

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

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Signature

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Date

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Signature of parent/guardian if applicant is under 21