CTMA / SSA CAPITATION					AFFILIATE: WPSWP							
CAPITATION FORM - SEASON 2019 /2020 (It is compulsory for all athletes, coaches and officials to complete this form)												
First discipline & others (mark block with X)	GENDER M F		F	ETHNICITY	1 - Asian ⇒	2 Black		3 Coloured		4 Indian		5 White
Ţ	All technical officials please indicate if you have done the following courses			TIMEKEEPER	JUDGE	COM		STAR	RTER 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			Residenti	al Address								
V Master W/P player	Ме	dical 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											
				\Longrightarrow		•		•				

Signature	Date	Signature of parent/quardian if applicant is under 21

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