CAPITATION FORM - SEASON 2013/14 (It is compulsory for all athletes, coaches and officials to complete this form)											
First discipline &	compuis	all athlet	es and off	ICIAIS		ompie	te th	s torm)		
others (mark block with \mathbf{X})	Gender	М	F	Ethnicity	1 Asian	2 Bla		3 Color	ured	4 Indiar	5 White
A Swimmer	Club										
B Swim Official	Name of Coach										
C Swim Coach	Were yo club in 2 state nar										
SS School Swimmer only	SSA Reg	gistratior	n no								
M Master swimmer	ID numb passport										
D Diver	Last nan	ne									
E Dive Official	Full Nam (as per l										
F Dive Coach	Preferre										
T Master diver	Date of b										
J W/P Player	Own Cell no										
K W/P Offical	Own E-mail address										
L W/P Coach	SA Passport No & expiry date										
JS School W/P player only	Postal Address										
V Master W/P player	Residential Address										
P O/W Swimmer	Medical Aid, Scheme & plan & no										
R O/W official	All learners & students: Name of School or University										
S O/W Coach	Father/G										
PL School O/W swimmer only	Father/G										
W Masters OWS	Father/G										
Q Disabled Swimmer	Mother r	name & s									
N Admin Official	Mother 0	Cell no. 8									
O LTS Instructor	Mother e	e-mail ac	ldress								
CO LTS Instructor/Coach	All techn indicate following	if you ha	ive done		Timekeep	oing	Judg	e's	Star	ter	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 21