

CTMA / SSA CAPITATION
AFFILIATE: TYGERBERG AQUATICS
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	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)

Signature

Date

Signature of parent/guardian if applicant is under 21