

2011/2012 SSA ATHLETE REGISTRATION APPLICATION Schedule II

Affiliate member: SOUTH AFRICAN MASTERS SWIMMING (SAMS REGISTRATION FORM 3) (iss 1)

NB: THIS FORM IS TO BE COMPLETED BY ALL MEMBERS WISHING TO RE-REGISTER OR REGISTER FOR THE FIRST TIME – This is to ensure that all data captured on the database is up-to-date.

If affiliated to SSA through another aquatics body (other than SAMS), please specify:

_____ (Please submit proof of affiliation)

Masters Swimming Club: _____

Surname: _____ First Name: _____ 2nd Name _____

Preferred name (name only if different from the first name): _____

Ethnicity in accordance with SA Census: 1 Asian 2 Black 3 Coloured 4 Indian 5 White

DOB: DD/MM/YYYY _____ Gender: _____ Age _____

First discipline: Masters Swimmer _____ Qualified Technical Official _____

If technical officer please circle: judge, timekeeper, starter, referee, announcer, records.

SA Citizen: YES/NO Dual Citizen: YES/NO If yes, a member of another FINA federation? YES/NO

Passport number if applicable: _____ Exp Date: _____

SA Permanent resident: YES/NO SA Identity number: _____

Sporting Nationality: SA _____ Other: _____

Postal Address: _____

_____ Postal Code: _____

Tel. Home: _____ Tel Bus: _____

Cell-phone: _____ Fax: _____

E-mail: _____

Contact person in the case of emergencies: Name _____ Telephone: _____

A COPY OF YOUR ID MUST ACCOMPANY THIS REGISTRATION FORM

Date: _____ Signature: _____

On signature, the individual member confirms his acceptance of the Constitution of Swimming South Africa and is bound by the provisions therein.

Please note that this form cannot be accepted without a copy of your ID or birth certificate.