



2008 / 2009 SSA ATHLETE

REGISTRATION APPLICATION Schedule II

Affiliate member: South African Masters Swimming (SAMS REGISTRATION FORM 3) (Iss 1)

NB: THIS FORM TO BE COMPLETED BY NEW MEMBERS, MEMBERS CHANGING CLUBS, AND MEMBERS ATTENDING WORLD CHAMPS IN GOTHENBURG SWEDEN.

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

_____ (Please submit proof of affiliation).

Masters Swimming Club: _____

Surname: _____

First name: _____ Second name: (if any): _____

Preferred name: (only if different to first name): _____

Ethnicity, in accordance with SA Census:

Black Coloured Indian Asian White

DOB (dd/mm/yyyy): _____ Gender: _____ Age: _____

First discipline: Masters Swimmer Qualified technical Official

If Technical Official, please mark:

Judge Timekeeper Starter Referee Announcer Records

SA Citizen: Yes No Dual Citizen: Yes No If yes, are you a member of another FINA federation: Yes No

Passport number, if applicable: _____ Expiry date: _____

Permanent SA resident: Yes No SA Identity number: _____

Sporting Nationality, if not South Africa: _____

Postal Address: _____

_____ Postal Code: _____

Telephone: Home: _____ Business: _____ Cell: _____

Fax: _____ E-mail: _____

Contact person in case of emergency: Name: _____ Telephone: _____

A COPY OF YOUR ID MUST ACCOMPANY THIS REGISTRATION FORM

Date: _____ Signature: _____

On Signature, the individual 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.