2026/2027

(PLEASE PRINT OR TYPE - COMPLETE ALL BLOCKS WITH *)

* RSA ID/PASSPORT NUMBER	

NB: When typing a number - type an apostophe first. eg. '0123456

*LAST NAME			
*LEGAL FIRST NAME			
*MIDDLE NAMES			
*PREFERRED FIRST NAME			
(ONLY If different to first name)			
*DATE OF BIRTH		AGE	
	(DD/MM/YYYY)		
***GENDER**	F	M	
*MAILING ADDRESS			
(Including postal code)			
	CODE:		
*CONTACT DETAILS	**CELL:**		
	EMAIL:		
*RESIDENTIAL ADDRESS			
(Physical address)			
	CODE:		

CONTACTS:	**PARENT/GUARDIAN 1**	**PARENT/GUARDIAN 2**
*RELATIONSHIP		
*NAMES		
*CELL		
*HOME PHONE (include code)		
*WORK PHONE (include code)		
*FAX 1		
*E-MAIL 1		

***ETHNICITY -**	ASIAN	BLACK	COLOURED
In accordance with S.A. Census	1	2	3
Please highlight number or mark with an X	INDIAN	WHITE	
	4	5	

MEDICAL AID:	NAME:	
	SCHEME:	

NAME OF SCHOOL/TERTIARY INSTITUTE :

SIGNATURE OFAPPLICANT	
	(If under the age of 21, signature of parent or
#SIGNATURE	Name of Parent/Guardian

DATE OF REGISTRATION	
ELIGIBILITY DATE FOR PARTICIPATION	

***FIRST DISCIPLINE & OTHERS**								***Please highlight code or mark with X***
SWIMMER	**A**	SWIMMING OFFICIAL	**B**	SWIMMING COACH	**C**	SWIM MASTERS	**M**	
DISABLED SWIMMER	**Q**	SCHOOLS SWIMMER	**SS**	LTS PARTICIPANT	**AL**	LEVEL 1 SWIMMER	**3R**	
DIVER	**D**	DIVING OFFICIAL	**E**	DIVING COACH	**F**	DIVING MASTERS	**T**	
SCHOOLS DIVER	**SD**	LTS PARTICIPANT	**DL**					
ARTISTIC	**G**	ARTISTIC OFFICIAL	**H**	ARTISTIC COACH	**I**	ARTISTIC MASTERS	**U**	
SCHOOLS ARTISTIC	**SG**	LTS PARTICIPANT	**GL**					
W/POLO PLAYER	**J**	W/POLO OFFICIAL	**K**	W/POLO COACH	**L**	W/POLO MASTERS	**V**	
SCHOOLS W/POLO	**JS**	O/WATER OFFICIAL	**R**					
O/WATER SWIMMER	**P**	LTS OWS	**PL**	O/WATER COACH	**S**	OWS MASTERS	**W**	
O/WATER SCHOOLS	**SW**							
LTS INSTRUCTOR	**O**	CLASIFICATION FOR DISALED SWIMMER:						
ADMIN OFFICIAL	**N**							

*AFFILIATE MEMBER (PROVINCE NAME)

Club Batch Number		Prov Batch Number	

*NAME OF CLUB YOU REPRESENT	NEW REGISTRATION	RENEWAL

***Attach ID/Birth Certificate (not drivers licence)**

*COACH	YEAR LAST REGISTERED

*State Club/Province	*Were you registered with a different SSA Club/Province in 2026/2027	
	Yes	No
	Attach clearance certificate	

*S.A. Citizen?		
Yes		No
*Dual Citizen?		
**Yes		No
**Specify		
*SA Permanent Resident?		
Yes		No

*Are you a member of another Fina federation?	
**Yes	No
**Specify	
*State your Sport Nationality?	
SA	Other
**Specify	

RSA ID Number./PASSPORT NUMBER	PASSPORT EXP:DATE

Technical Officials Qualifications:

SIGNATURE OF ATHLETE	
	(If under the age of 21, signature of parent or guardian)
#SIGNATURE	Name of Parent/Guardian

NB: BOTH SIGNATURE BLOCKS MUST BE SIGNED

 # ON SIGNATURE, THE INDIVIDUAL MEMBER CONFIRMS ACCEPTANCE OF THE KZNA AND SSA CONSTITUTIONS & IS BOUND BY THE PROVISIONS THEREIN