

SWIMMING SOUTH AFRICA

BIO-DATA

April 2014

Kindly complete the attached bio-data form. Please ensure that **all fields** are completed and that the information is 100% accurate.

Indicate your category by making an X in the appropriate box

Athlete	Manager	Coach																					
Family Name																							
Given Name																							
Preferred Given Name																							
Maiden Name (if applicable)																							
Gender																							
Height (cm)																							
Weight (kg)																							
ID Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
Nationality																							
Passport		South African	Other: (Please Specify)																				
Passport Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
Date of Issue		M	M	D	D	Y	Y	Y	Y														
Expiry Date of Passport (Valid for at least 6 months from date of the competition)		M	M	D	D	Y	Y	Y	Y														
Date of Birth		M	M	D	D	Y	Y	Y	Y														
City and Country of Birth																							
Permanent Residential Address																							
		Postal Code:																					
Country																							
Province																							
City																							
Postal Address																							
		Postal Code:																					
Telephone #																							
Cellphone #																							
Fax #																							

Email	
Dietary Requirements	
Any Allergies?	
Do you have disability?	
Classification of disability	
Ethnic Group	
Coach	
Coach Contact #	
Club	
Fathers Full Names (even if deceased)	
Mothers Full Names (even if deceased)	
Athlete's occupation	
Employer / School / Tertiary Institution	
Fulltime/Part time	
Next of Kin	
Next of Kin Contact #	
Medical Aid	
Main member's name	
Membership number	

VERY IMPORTANT:

1. PLEASE SUBMIT **2 RECENT HIGH RESOLUTION COLOUR PASSPORT PHOTOGRAPH** TOGETHER WITH THIS FORM.
2. E-MAIL A J-PEG PHOTO TO mpho@swimsa.co.za
3. PLEASE SUBMIT A **CLEAR PHOTOCOPY OF YOUR PASSPORT AND I.D.** TOGETHER WITH THIS FORM.

