



## SWIMMING SOUTH AFRICA COURSE ENROLMENT FORM

First Name		Surname:									
D.O.B:		ID.No:		Province & City							
Demographic & Gender Info		PLS tick:	Male	Female	African	Asian	white	Coloured	other		
Accreditation Type Applied		Todswim	LTS Instructors		Coaching L 1		Coaching L 2		Coaching L 3		
SSA ID No:		LTS Reg No									
Affiliate											

Contact Address (Physical)											
										Post code	
Contact Address (Postal)											
										Post code	
	(H) ( )	(W)	( )	Fax	( )	Cell	( )				
Email Address											

Certified copy of I.D, Name clearanse less than 3 month old, photograph and certified copy of level 1 First Aid certificate less than 1 year to accompany this application on signature, the applicants responsibility to abide by the Swimming South Africa's Consttution & code of conduct

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **TC Mem Signature:** \_\_\_\_\_