BIO-DATA SHEET

RIO 2016 OLYMPIC GAMES, 5 – 21 AUGUST 2016, BRAZIL,

RIO DE JANEIRO

Request for bio-data:

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

THIS IS NO INDICATION THAT YOU HAVE BEEN SELECTED TO REPRESENT TEAM SOUTH AFRICA

Indicate your category by making an X in the appropriate box

Athlete	Code	G1	М		Medi	cal Te	eam	Pro	ect Te	eam
0 1	Manager									
Coach	Ass Coach									
Code of Sport (e.g., Athletics)									
	e (e.g., 100m Spr	int) –								
athletes to list all events they										
participate in	,									
Family Name (A	As in Passport)									
Given Name/s (As in Passport)									
Preferred Given	Name									
Maiden Name (if applicable)									
Gender										
Height (cm)										
Weight (kg)										
ID Number										
Nationality									-	
Passport			Sou	th A	frican		Other	: (Plea	se Sp	ecify)
Passport Numb	er									
Date of Issue		_	М	М	D	D	Y	Y	Y	Υ
E .'. D.((.	D	1	N 4	N 4			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Passport (Valid fo		M	M	D	D	Y	Y	Y	Y
	from date of the	е								
games)			N /	N /	D		V	V	V	- V
Date of Birth			M	M	U	D	Y	Y	Y	Y
City and Countr	y of Birth			1						
	idential Address									
							Po	stal C	ode:	
Country										

Province	
City	
Postal Address	
	Postal Code:
Telephone #	
Cellphone #	
Fax #	
Email	
Do you have disability?	
Classification of disability	
Demographic Background	
Coach	
Coach Contact #	
Fathers Full Names (even if deceased)	
Mothers Full Names (even if deceased)	
Next of Kin	
Next of Kin Contact #	
Medical Aid	
Main member's name	
Membership number	
Family doctor/Sports physician	
Contact details of family doctor	

VERY IMPORTANT:

- PLEASE SUBMIT <u>ONE HIGH RESOLUTION ELECTRONIC COLOUR</u>
 <u>PICTURE</u> TOGETHER WITH THIS FORM. (as described in the form below)
- 2. PLEASE SUBMIT A <u>CLEAR PHOTOCOPY OF YOUR PASSPORT AND I.D.</u> TOGETHER WITH THIS FORM

OUTFITTING

Kindly complete the form below. Please ensure that all fields are completed and that the information is 100% accurate

Formal/Parade wear - Please specify whether Male or Female cut					
	Please indicate Sizes as per 12, 14, 30, 32, 42, 50, etc	Notes e.g. extra long			
Formal Jacket Men					
Formal Shirt Men					
Formal Pants Men					
Formal Shoes Men					
///////////////////////////////////////	///////////////////////////////////////	///////////////////////////////////////			
Formal Jacket Ladies					
Formal Shirt Ladies					
Formal Pants Ladies					
Formal Skirt Ladies					
Formal Shoes Ladies					

Leisure wear (Please note Gender Specific) – Please specify whether Male or Female cut				
	Please indicate Sizes as per S, M, L, M, XL, 2XL, 3XL etc	Notes		
Tracksuit Top				
Tracksuit Pants				
Golf Shirt				
T Shirt				
Shorts				
Cargo Pants				
Sweatshirt				
Drimac				

Footwear - Please specify whether Male or Female			
	UK sizing please (same as sizing used in SA)	Notes	
Pool Sandals			
X-Trainer			