



West Coast Swimming Club

Suspension/Cancellation of Squad Fees

Swimmers name _____

Squad Level _____

Dates _____

Reason for Suspension/Cancellation (please tick the appropriate box below)

- | | | | | | | | |
|--------------------------|-------------------|--------------------------|----------------|--------------------------|--------------------|--------------------------|-------|
| <input type="checkbox"/> | Injury or Illness | <input type="checkbox"/> | Holiday | <input type="checkbox"/> | Financial | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Taking a break | <input type="checkbox"/> | Changing clubs | <input type="checkbox"/> | No longer swimming | | |

Brief description _____

Conditions of Suspension / Cancellation of Squad fees:

- 1 Fees may be suspended for injury, illness or holiday periods exceeding **2 weeks** only.
- 2 Squad fees can be suspended for a **maximum of 8 weeks** per membership year (Oct 1 - Sept 30).
- 3 Suspension will not be backdated unless a valid medical certificate is produced.
- 4 Requests other than illness, must be received **4 weeks** prior to the commencement date.
- 5 Requests will not be deemed approved until a confirmation email is sent which may take up to 7 days from the receipt of the request.

I acknowledge and agree to the above.

Parent/guardian name _____

Signature _____

Date _____