



## 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 \_\_\_\_\_