ARENA SWIM CLUB

TEAM FEE ADJUSTMENT FORM

If you wish to apply for an adjustment or cancellation to your team fees for a swimmer's absence or withdrawal, please complete this form and return it to Head Coach at the coach's office.

TEAM DETAILS

Team Name: _____

FAMILY DETAILS

Family Name: _____ Home Phone No: _____

Address: _____ Suburb: _____ Postcode: _____

Email : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INDIVIDUAL SWIMMER DETAILS

Swimmer 1 : First Name: _____ Date of Birth: _____ Age: _____
Swimmer 2 : First Name: _____ Date of Birth: _____ Age: _____
Swimmer 3 : First Name: _____ Date of Birth: _____ Age: _____

Reason for Request for Team Account Adjustment:
In the event of a prolonged absence from training for medical reasons consideration may be given to adjusting the account fees in the following month, providing a medical certificate is attached. Adjustments for any other reason may be considered in exceptional circumstances which result in the swimmer being absent from their coaching programme for more than 2 weeks.

_____

_____

_____

_____

☐ **Medical Certificate attached**
If swimmer has been absent for more than 7 days with a medical condition please attach a medical certificate.

Period of adjustment requested: _____

COACH SIGN-OFF
Please ask your team coach to sign here to verify your absence.

Coach Name: _____ Coach Signature: _____ Date: _____

. . . . . .

OFFICE USE ONLY

☐ Full adjustment approved, adjustment processed
☐ Adjustment part approved, family advised with reasons, adjustment processed
☐ Adjustment not approved, family advised with reasons

Date Completed ...../...../..... **Signature**.....