ARENA SWIM SQUADS

FEE ADJUSTMENT/DIRECT DEBIT ROLLOVER

Applications for adjustment or cancellation of team fees for a swimmer's temporary absence or withdrawal from the programme must be completed on this form and returned to Head Coach/Assist Head Coach for acknowledgement. We will be automatically rolling over any Direct Debit authorities on the due date – on or around the 22nd of every month. Please ensure that you sign the authority to rollover your direct debit payment or complete the Team Adjustment/Withdrawal option.

DIRECT DEBIT ROLLOVER

I acknowledge that I give VenuesWest the authority to rollover my Direct Debit option to July 2012, and I attach my renewed Arena Swim Squad Fees enrolment for 2012/13 season with any updated banking details as required.

Signature of Parent/Guardian..... Date .....

.....

TEAM ADJUSTMENT

Reason for Account Adjustment (please tick)

- ○ Change of Team Fees Team Name .....
- ○ Prolonged absence from training for medical reasons – more than 7 days.
- ○ Withdrawal from programme
- ○ Adjustment for other reasons may be considered in exceptional circumstances which result in the swimmer being absent from their coaching programme for more than 2 weeks. Please explain :

FAMILY DETAILS

Family Name: _____ Phone No: _____

Address: _____ Suburb: _____ Postcode: _____

Email :

INDIVIDUAL SWIMMER DETAILS

Swimmer 1 : First Name: _____ Team _____

Swimmer 2 : First Name: _____ Team _____

Swimmer 3 : First Name: _____ Team _____

- ☐ **Medical Certificate attached**

If the swimmer has been absent for more than 7 days with a medical condition please attach a medical certificate.

Period of adjustment requested: **Signature Parent/Guardian**

....

COACH SIGN-OFF ACKNOWLEDGEMENT

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 ...../...../..... **Staff Signature.....**