Arena Lifesaving & Aquatic Inc.
Arena Swim Club Inc.

APPLICATION FOR FEE ADJUSTMENT

Applications for adjustment or cancellation of squad fees for a swimmer's temporary absence or withdrawal from the programme must be completed on this form and returned to Head Coach / ASC Treasurer for acknowledgement. Direct Debit authorities are automatically rolled over on the due date – on or around the 25th of each month.

Reason for Requesting adjustment to squad fee (please tick)

☐ **Prolonged absence from training for medical reasons – more than 7 days.**

☐ **Withdrawal from programme**

☐ **Other ***

*** 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 :

SWIMMER DETAILS

Swimmer 1 : First Name: …… Squad……
Swimmer 2 : First Name: …… Squad……
Swimmer 3 : First Name: …… Squad……

☐ **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 Signature: **Date**

…… **……/……/……**

OFFICE USE ONLY

☐ **Full adjustment approved**

OR

☐ **Part adjustment approved**

OR

☐ **Adjustment declined**

Signed:..... **Date: ...../...../.....**
(on behalf of Arena Swim Club)

(ii) Family Advised of decision **Date: ...../...../.....**

(iii) Adjustment Processed **Date: ...../...../.....**

(iv) Diarised for review **Date: ...../...../.....**