



SQUAD FEE ADJUSTMENT FORM

If you wish to apply for an adjustment to your squad fees for an absence of more than two weeks, please complete this form and return it to Laura Parkins at the NSC Reception, or email a copy to laura.parkins@nunawadingswimmingclub.com

SQUAD DETAILS

Squad Name: _____

FAMILY DETAILS

Family Name: _____ Home Phone No: _____

Address: _____ Suburb: _____ Postcode: _____

Email Address: _____

INDIVIDUAL SWIMMER DETAILS

First Name: _____ Date of Birth: _____ Age: _____

Reason for Request for Squad Account Adjustment:

If a swimmer suffers any serious injuries or illnesses, eg fractured limbs or glandular fever, which necessitate a prolonged absence from training of more than 2 weeks, for medical reasons, consideration may be given to adjusting the account.

Medical Certificate attached

If swimmer has been absent for more than 2 weeks with a medical condition, please attach a medical certificate.

Dates Account Adjustment Requested For; From: _____ **To:** _____

COACH SIGN-OFF

Please ask your squad coach to sign here to verify your absence for more than 2 weeks.

Coach Name: _____ Coach Signature: _____ Date: _____

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OFFICE USE ONLY

- Full adjustment approved; credit processed
- Adjustment part approved, family advised with reasons, credit processed
- Adjustment not approved; family advised with reasons

Date Completed/...../..... **Laura Parkins:**