

PROGRAMS: GOLD | SILVER | BRONZE | SEMI SQUAD

Student's Name:

Responsible Person:

Squad Level: Contact:

CANCELLATION:

Reason for Cancellation:

Has relevant documents been attached?: (Please tick)
(i.e. Medical Certificate)

SUSPENSION:

Reason for Suspension:

Date From: ___ / ___ / ___ (DD / MM / YY)

Date To: ___ / ___ / ___ (DD / MM / YY)

(Inclusive, minimum 4 weeks, maximum 8 weeks)

Has relevant documents been attached: (Please tick)
(i.e. Medical Certificate and/or Flight Tickets)

Last direct debit: ___ / ___ / ___ (DD / MM / YY)

Terms and Conditions of Cancellation or Suspension of Squad Program Enrolment:

1. The Responsible Person may **cancel** his or her enrolment or the enrolment of any Participant for which the Responsible Person is responsible by giving **advance notice of four (4) weeks** prior to the last day of the current billing cycle, in writing to United Swimming effective from the first day of the next billing cycle. The Responsible Person must complete and sign a **'Squad Enrolment Cancellation or Suspension Request Form'** available on request at United Swimming Centre Reception or via an authorised representative of United Swimming and deliver it to United Swimming.
2. The Responsible Person may **suspend** his or her enrolment or the enrolment of any Participant for which the Responsible Person is responsible for a maximum of twice a year by giving **advance notice of four (4) weeks** prior to the first day of next billing cycle, in writing to United Swimming effective from the first day of next billing cycle. Suspensions of enrolment have a **minimum period of four (4) weeks** and **maximum period of eight (8) weeks** and the Responsible Person must provide valid reason/s and evidence for membership suspension: (1) Medical Certificates containing dates and reason for suspension for Health Issues; (2) Flight Tickets containing dates for long holidays.
3. Cancellation or suspension of enrolment will take effect immediately after an authorised representative of United Swimming issues a written acknowledgment of the enrolment cancellation or suspension via email or text.

Responsible Person: _____ (Print Name)

Responsible Person's Signature: _____ Date: ___ / ___ / ___ (DD/MM/YY)