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 email a copy to laura.parkins@nunaswim.com

SWIMMER DETAILS

Squad Name: _____

First Name: _____ Surname: _____

DATES ABSENT

From: _____

To: _____

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).

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: _____