



SWIMMERZ ACADEMY HOLD REQUEST FORM

Heading away? Injured? Ongoing illness? Whatever it is, Swimmerz Academy is here to support you. Please fill in this hold request form and submit this completed form to info@swimmerz.com.au to ensure that we can support you and your family best.

PARENT / GUARDIAN DETAILS

FULL NAME _____

EMAIL ADDRESS _____

CONTACT NUMBER _____

STUDENT DETAILS

FULL NAME(S) _____

LTS / SQUAD ENROLMENT(S) _____

ABSENCE START DATE _____

ABSENCE END DATE _____

HOLD REASON

Illness Injury Broken Bone Extended Holiday

Other, please specify: _____

EVIDENCE PROVIDED (EG: MEDICAL CERTIFICATE) YES NO

HOLD FEES

*Please tick the appropriate hold fee associated with your enrolments.

- | | | |
|---|--|--|
| <input type="checkbox"/> Make up classes (full fee applied) | <input type="checkbox"/> \$25.00 per 15 min Private Lesson | <input type="checkbox"/> 50% Monthly Squad Fee |
| <input type="checkbox"/> \$13 per Bubs + One | <input type="checkbox"/> \$39.00 per 30 min Private Lesson | <input type="checkbox"/> Medical Hold |
| <input type="checkbox"/> \$15.00 per Learn to Swim Lesson | <input type="checkbox"/> \$47.00 per Double Private Lesson | |

DECLARATION

* I, (full name) _____ acknowledge that the above information is true and correct. I have also taken the time to read Swimmerz Academy's Absence Policy available to me on the [Swimmerz Academy website](#).

SIGNATURE _____

DATE _____

OFFICE USE ONLY

RECEIVED BY _____

DATE PROCESSED : _____

TOTAL NO. OF MISSED CLASSES : _____

HOLD FEE APPLIED : _____