



Learn to Swim/Squad Cancellation Form

PARENT/ GUARDIAN DETAILS:

Full Name Email

Contact Number (H) (W)..... (M).....

Relationship to Student:.....

STUDENT DETAILS:

Full Name: DOB / /

Learn to Swim/ Squads Day/s Time/s.....am/pm.
(Please circle)

Date Notified of Cancellation: / /

Date Membership Cancelled: / /

Reason for Cancellation:

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Cancellation learn to swim policy

- A minimum of 30 days notice is required to withdraw your child from Learn to Swim lessons and Squads.
- A \$12 cancellation fee will be incurred and position in classes will be forfeited.

\$12.00 CANCELLATION FEE PAID: YES / NO

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date _____

| | |
|---|-----------------------|
| Office Use: Staff Name: _____ | Date Processed: _____ |
|---|-----------------------|