



# Learn to Swim/Squad Hold 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)*

Start Date of Hold ..... / ..... / .....

End Date of Hold ..... / ..... / .....

Reason for Hold: .....  
.....  
.....

**Hold Policy**

- We require a minimum 2 weeks' notice if you want to put your payment/class/squad position on hold, no hold fee will be charged.
- If you require more than 2 weeks hold you will incur a \$12 admin fee. A maximum hold period of 6 weeks applies.
- If your child is injured or sick with proof, exemption can be made on a case-by-case by approval from management.

\$12.00 HOLD FEE PAID: YES  / NO

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use:</b> Staff Name: _____	Date Processed: _____
-----------------------------------------	-----------------------