



NOTICE OF MEDICAL LEAVE OF ABSENCE

Notice of Medical Leave of Absence forms must be sent via email to *both* of the following:

Head Coach:	Andy Copley	acopley@hrzn.org
Assoc. Head Coach	Tomoko Naka	tnaka@hrzn.org

A medical leave of absence, for the team's purposes, is defined as a medical event or events that are out of the athletes control which keeps them from being able to participate (i.e. severe injury, medical procedure, serious illness, etc.). This form **MUST** be accompanied by a signed doctor's note.

An athlete may take a **MAXIMUM** extended absence of up to 3 calendar months within a consecutive 12 month period. Athletes who are absent for less than a month will not be considered for this notice and will be charged the dues for that month. Athletes who participate in a practice or meet within a given month are considered active for that month. There will be no proration for suspended accounts mid-month. At the conclusion of the maximum 3 months of allowed extended absence, should additional time away from Horizon Swimming be required, the athlete will be asked to withdraw from the program.

This form must be submitted within one week of receiving a diagnosis from a doctor or pediatrician. Again, please provide a doctor's note to verify the injury or medical event. Monthly dues will be suspended the month following submission of this form. Please understand there are **NO EXCEPTIONS** to the above-listed policies.

FULL NAME OF ATHLETE

MEDICAL ABSENCE START DATE / END DATE

SIGNATURE

PRINT

DATE