



## Freeze Status Form

Member Name \_\_\_\_\_ Swim Level \_\_\_\_\_

This account will go on a freeze status for the months of \_\_\_\_\_

Through\_\_\_\_\_. The account will go back to active status

Effective\_\_\_\_\_, unless otherwise notified by the member.

The member has paid \$\_\_\_\_\_.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

**Membership may be on freeze at least 2 months, no more than 12 months. \$10.00+tax pre-paid per month a minimum of \$21.60 that must be paid at the time this form is completed and turned in. A \$25.00 fee will be charged at the time of reactivation. There is no charge for MEDICAL Freeze. A physician's release is required before reactivating. Membership charges will automatically take effect the 1<sup>st</sup> of the following month.**

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