

Swimmer Movement Request Form

This form must be completed and returned to the Front Desk or emailed to <u>finance@tactitans.org</u> no later than the 20th of the month prior to when the movement is to take effect, pending coaches' approval.

Parent's Name (first and last name):	
Swimmer's Name (first and last name	e):
Current Group Placement:	
New Group Placement:	le preferred days and/or time)
Explanation of the Request:	
Please sign below indicating that you understand	the following:
We understand that all swimmer movemen swimmer's movement.	nt requests require a coach's approval prior to
We understand that many factors play a pa of swimmers per group, available lane space	art in this decision process; swimmer's ability, total number ce, and coaching staff.
	er <u>into</u> a Challenge or Elite Track we enter a NEW er understand we are contractually obligated for monthly occurs at the end of July each year.
	er <u>from</u> a Challenge or Elite Track to Jr. or Teen TITANS that thly dues through the end of the season, which occurs at the
We understand that by moving into the Ch expectations detailed in the TAC TITANS Vo	allenge or Elite Track we agree to fulfill the volunteer Iunteer Service Credit Program.
Parent Signature:	Date:
Coach Signature:	Date:
Date in which the approved Swimmer Movem	ent will take effect: