

California Dolphin Swim Team 34075 Fremont Blvd Fremont, CA 94555

Received by California Dolphin Swim Team Board Member

BOD Signature:

Office Phone: 510-790-SWIM Fax: 510-796-SWIM URL: www.cdstswim.org

LEAVE OF ABSENSE FORM

		LLAVE OF AB.	SLIVSL FORIVI		
Team a	s of the date referenced nditions of the Leave of A	below. I understand	and agree that th	ne absence is subj	
		LEAVE OF ABSI	ENSCE POLICY		
	of Absence (LOA) (i.e., suitments):	mmer vacation, High	School Swimmin	g, Water Polo, oth	ner sports, or
2.	(High School Swimming swimming for a period of for dues for the months 2+ times/week, s/he ne (Vacation) For anything family, \$50/month for a team. Vacation related If a swimmer wants to repayment, s/he will be continue registration fees.	of less than three more services than three more missed. However, if ed to pay 50% dues do not be the than high school of the than high school of the than than the than after more than the	nths (or 92 days) swimmer still wa luring high school ol swimming, \$1 mers in same fan monthly basis or na three-month wimmer member	, the swimmer is rants to participate of swimming mont 00/month for 1st shilly for keeping thally. absence or witho	not responsible in CDST training hs. swimmer in eir spot on the ut advance
Reason	for Leave of Absence:				
Starting date:		Ending date:			
Swimmer #1:			Swimmer #2:	·	
	First Name	Last Name		First Name	Last Name
Parent Signature:				Date:	
		FOR SWIM TEAM	M USE ONLY		

Date: _____