



*For Masters Members Only*

**MISSION VIEJO NADADORES MASTERS MEMBERSHIP CHANGE FORM**

You must inform the Swim Office via completion of this form prior to the 25<sup>th</sup> of the previous month you wish to go inactive. No refunds will be granted. Dues will not be pro-rated.

Once form is complete, please email to swimoffice@mvnadadores.org.

Name of Swimmer Leave Request Applies to:

	Name	Current Group	Coach
1.			
2.			
3.			

*Fill out one of the following areas corresponding to the type of leave you are requesting:*

<b>MEDICAL LEAVE</b>	<p>Use this section when a swimmer has sustained an injury or is presenting with a medical issue of some type that is expected to keep the swimmer out of the water for at least one month. Medical Note REQUIRED. All dues are suspended and rates may be credited upon return. No Service Hours accrue during this time period.</p> <p>Nature of Injury/Illness: _____</p> <p>Has swimmer seen a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Anticipated date of return: _____</p> <p>Medical Note attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (please provide ASAP to finalize leave)</p>
<b>TEMPORARY LEAVE</b>	<p>Use this section when the swimmer is in need of a short-term break from MVN. Temporary leave suspends dues for up to four months and there is no accrual of service hours during this time. Prior to suspension, accounts will be billed for any outstanding balances and pro-rated service hours unworked @ \$40/hr. There is a \$25 reactivation fee when returning to the team within 4 months, or \$50 if more than 4 months.</p> <p>Reason for Leave: _____</p> <p>_____</p> <p>Anticipated date of return: _____</p>
<b>PERMANENT LEAVE</b>	<p>Use this section when swimmer wants to terminate their membership with MVN. Ending of membership is effective the first day of the month following notice. Prior to suspension, accounts will be billed for any outstanding balances and pro-rated service hours unworked @ \$40/hr.</p> <p>Reason for Leave: _____</p> <p>_____</p> <p>Is this something you discussed with the Coach and/or Division Director? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will Swimmer be moving to a new swim team? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____</p>

Completed by:

\_\_\_\_\_  
 Name Signature Date

OFFICE USE ONLY: Date Received \_\_\_\_\_ Date Change Effective \_\_\_\_\_