Leave of Absence/Resignation Notification Form

Swimmer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_This is notification that my swimmer is taking a **Leave of Absence** for more than 30 days, but no more than 6 months from swim team effective the 1st day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for approximately \_\_\_\_\_\_\_\_ days/months (*circle one)* with an anticipated return date of \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_. I will notify the Head Coach, Team Administrator, or Billing Officer 5 days before the actual return date so that my swimmer can be reinstated on the active Athlete Roster and my swimmer’s current USA Swimming membership can be verified.

\_\_\_\_This is notification that my swimmer is **resigning** since he/she will be departing the team or out of swim team for more than 6 months effective the 1st day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that I am fully responsible for any unpaid balances due to Caldwell Swim Club. If my family fundraising is in excess of the current balance on my account, there will be no refunds or carryover to the new swimming year.

I understand that there will be no refunds or carryover to a new swimming year for any amounts prepaid for a discount.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Please Note!** This form must be mailed/emailed to the Team Administrator or handed to the Head Coach by the 25th of the month prior to the month in which the swimmer begins the Leave of Absence or departs the team.  If the form is not received by the 25th, the member will be billed all fees and charges normally assessed in that billing cycle and must apply in writing to the Board for it to be waived.

Return form to: Caldwell Swim Club

 P.O. Box 125,

 Caldwell, ID 83606

 cscstingrays@gmail.com

**For Office Use Only: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**