

## Request for Suspension of Swimmer Dues Payments Due to Medical Condition or Injury

Name on Tide account (parent):

Swimmer name:

Swimmer practice location:

Swimmer practice group:

Date of injury or onset of medical condition:

Date first seen by a physician for injury or medical condition:

Name of attending physician:

Estimated duration of suspension:

Please provide to the team administrator a note from the attending physician that both documents the injury or medical condition as well as specifically states the required length of time for which swim training is prohibited.

Once the swimmer's absence exceeds a month, dues payments will be suspended until the swimmer is cleared by a physician to resume training. During this time, the family's service hours obligation will remain in force.