

# SQUAD FEE ADJUSTMENT FORM



If you wish to apply for an adjustment to your squad fees for a swimmer's absence of more than three weeks, please complete this form and return scanned copy to [treasurer@lwaquatics.org](mailto:treasurer@lwaquatics.org) or post to: Laverton Wyndham Aquatics, Attention: Treasurer P.O. Box 4261 Hoppers Crossing Victoria 3029

## SQUAD DETAILS

Squad Name: \_\_\_\_\_

## FAMILY DETAILS

Family Name: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

## INDIVIDUAL SWIMMER DETAILS

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Reason for Request for Squad Account Adjustment:

If a swimmer suffers any serious injuries or illnesses, eg fractured limbs or glandular fever, which necessitate a prolonged absence from training of more than 3 weeks, for medical reasons, consideration may be given to adjusting the account in the following month.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Medical Certificate attached

If swimmer has been absent for more than 3 weeks with a medical condition please attached medical certificate.

Amount of Account Adjustment Requested: \_\_\_\_\_

## COACH SIGN-OFF

Please ask your squad coach to sign here to verify your absence for more than 3 weeks.

Coach Name: \_\_\_\_\_ Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## OFFICE USE ONLY

- ☐ Full adjustment approved, credit processed
- ☐ Adjustment part approved, family advised with reasons, credit processed
- ☐ Adjustment not approved, family advised with reasons

Date Completed ...../...../.....