Swim School Membership Suspension & Cancellation form

Date



ADELAIDE AQUATIC CENTRE

Parent / Guardian Parent/Guardian Det		atch the stude	nt's file								
Name		(ntact Number				
Email											
Student Details											
	Swim School Number		Name				Day		Time		
Student 1											
Student 2											
Student 3											
Student 4											
Suspension Detail Membership may be must be received 7 of Suspension Start D	e suspended. days prior to				day and ti		class will be se				
Total Weeks of Suspension		Supplicion End Bato									
Student 1 Last I Student 2 Last I Student 3 Last I		=			Swim School at this time. any upcoming Direct Debit dates to Final Debit Da Final Debit Da Final Debit Da Final Debit Da		te te	yment.			
Moving Conflicting Activity Lack of Progression Class Availability Injury/Illness											
Other											
Acknowledgment Parent/Guardian to s	sign if membe	er is under 18									
Student Name											
Parent/Guardian Name											
Signature							Date				
OFFICE USE ONL	.Y										
Form Received To be completed by	y staff memb	er upon recei	ving/co	mpletin	ng the form	m					
Date					Staff Mem						
Actioned											

Staff Member